

**A STUDY TO EVALUATE THE EFFECTIVENESS OF YOGA
THERAPY ON THE LEVEL OF STRESS AMONG HOUSEWIVES
AT SELECTED COMMUNITY AREA IN DINDIGUL DISTRICT.**



**A DISSERTATION SUBMITTED TO
THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI,
IN PARTIAL FULFILMENT OF THE REQUIREMENTS
FOR THE DEGREE OF
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Mrs. VASUKIDEVI.D

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CERTIFICATE

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**SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS
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EXAMINERS

1. _____

2. _____

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ABSTRACT

A study was conducted “to evaluate the effectiveness of administration of yoga therapy on stress among housewives at selected community area in Dindigul district” was done by Mrs.Vasukidevi.D as a partial fulfillment of the requirement for the degree of science in nursing to the tamilnnadu DR.M.G.R. medical university, Chennai during the year 2014-2015.

The objective of the study were, to assess the pre test and post test level of stress among housewives in experimental and control group, to evaluate the effectiveness of yoga therapy on level stress among housewives in experimental group to associate the level of stress among housewives and their selected demographic variables. In this study a true experimental Design, with pretest – posttest control group design was adopted. Simple random (lottery) method, sampling technique was used to select each 30 sample in experimental and control group equally. Structured interview schedule was used to collect the demographic variables and stress rating scale was used to assess the level of stress. Experimental group receives intervention of yoga therapy daily for 4 weeks.

The result shows that, in experimental group, majority 15(50%) of the housewives belonged to the age group of 20-30 years, 17(56.7%) of them had Hindu religion, 9(30%) were housewives education belonged to high school and diploma, 10(33.3%),of them husband occupation had private sector, 25(83.3%) of them marital status were living with husband, 11(36.7%) of them marital duration were 0-1year, 29(96.7%) had once married, 18(60%) of them had nuclear family, 15(50%) of them had two children,15(50%) of the housewives belongs to the family income per month >5000,

19(63.3%) of them marital relationship had satisfactory, major portion 26(86.7) of the samples did not have physical illness, most 28(93.3) of the samples did not have mental illness, more than half 16(53.3) of the samples had a habits of smoking/alcohol abuse, (16(53.3%) of the housewives did not have possessiveness of spouse.

In control group, majority 14(46.7%) of the housewives belonged to the age group of 20-30 years, 12(40%) of them had Hindu religion, 9(30%) were housewives education belonged to primary school, 11(36.7%), of them husband occupation had private sector, 26(86.7%) of them marital status were living with husband, 11(36.7%) of them marital duration were 0-1 year, 29(96.7%) had once married, 14(46.7%) of them had nuclear family, 12(40%) of them had two children, 11(36.6%) of the housewives belongs to the family income per month 1001-3000, 18(60%) of them marital relationship had satisfactory, major portion 28(93.3) of the samples did not have physical illness, most 29(96.7) of the samples did not have mental illness, more than half 16(53.3%) of the samples did not have bad habits, and 18(60%) of the housewives did not have possessiveness of spouse.

The level of stress in control group were test 8(26.7%) had mild stress, 18(60%) had moderate stress and 4(13.3) had Severe stress respectively post test. The level of stress in experimental group were 18(60%) had mild stress, 12(40%) had moderate stress and no one had severe stress respectively in post-test. This finding reveals that the level of stress among post-test housewives were decreased in experimental group than control group.

The control group calculated 't' test value for physical aspect stress 0.86, psychological aspects of stress was 0.03 and social aspect of stress was 0.97 also overall

't' test value was 1.74 which was not significant at $P < 0.05$ level. The experimental group calculated 't' test value for physical aspect of stress was 2.60, psychological aspect of stress was 2.59 and social aspect of stress was 3.89 also overall 't' test value was 5.26 which was highly significant at $P < 0.001$ level.

In comparing post test score of experimental and control group, calculated 't' test value for physical aspect of stress was 2.05, psychological aspect of stress was 2.05 and social aspect of stress is 2.57 also overall 't' test value was 3.34 which was significant at $P < 0.001$ level. Hence H_1 is accepted. It can be concluded that the yoga therapy was effective in reducing the stress in experimental group among housewives than control group.

There was significant relationship between level of stress and demographic variables in experimental group such as education, marital relationship and bad habits spouse at $P < 0.05$ level. Hence research hypothesis H_2 is retained for education, marital relationship and bad habits spouse in experimental group.

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Chapter I

Introduction

CHAPTER-I

INTRODUCTION

*(Yoga is like music
They rhythm of the body
The melody of mind
Harmony of soul*

Create the symphony of life –B.K.S.IYENGAR).

“Stress is a fact of life, but it need not be a way of life.”-Channing L. Bete co.

Role of housewives in modern India can be called as phenomenon. The transition of housewives from the past to present is worth mentioning. Housewives who once considered being the masters in the art of home making are now considered to be the forces that shape a country.

Numerous surveys and studies confirm that housewives have family pressures and fears are far and away the leading source of stress and that these have steadily increased over the past few decades. It has always been understood that some family are more stressful than the others. Some of the reasons of family stress can be briefly considered as Violence, illiterate, dowry, depend others, Working longer and harder, illiterate, do Absenteeism due to economic has escalated: 30% of women suffering from back pain; 28% complaining of "stress"; 20% feeling fatigued; 13% with headaches, Stress due to joblessness has skyrocketed.

In India, the increase suicidal rate among housewives in the country were Ahmedabad, the number of suicides in Gujarat has rise by 10.5% in 2011 as compared to

2010, with housewives constituting the highest percentage according to a **National Crime Records Bureau (NCRB) (2012)** report. The recently published report titled Accidental deaths and suicide in India -2011 said the number of suicides in housewives Gujarat has increased to 6,165 in 2011 from 5,580 registered in 2010, an increase of 10.5%. The all-India average was recorded at 2.2% out of the 6,165 suicides in 2011 in Gujarat 1,744(28.3%) were housewives Gujarat where 4.9% of the total housewives suicides in the country took place in 2011 stands eighth in the list of state of West Bengal, Maharashtra, Andhra Pradesh, Tamilnadu, Karnataka, Kerala and Madhya Pradesh where high suicide rates were recorded stress is the major factor for suicide. 80% of the suicide due to depression.

In medical terms stress is described as, "a physical or psychological stimulus that can produce Mental tension or physiological reactions that may lead to illness." When you are under stress, your adrenal gland releases corticosteroids, which are converted to cortisol in the blood stream. Cortisols have an immune suppressive effect in your body. It produced symptoms such as tension, anxiety, inattention and depression. Stress can be positive or negative, stress is positive when the situation offers an opportunity for a person to gain something. It acts as a motivator for peak performance. Stress is negative when a person faces social, physical, organizational and emotional problems.

(Dr. Hans Selye 1982)

Yoga is one of the few stress relief tools that has a positive effect on all the body systems involved. **Krishnamacharya (1930's)** believed that, yoga should be made accessible and relevant to anybody so that anyone with the desire can practice yoga, in this approach, adapted to the individual requirements, needs and goals, age, size, health

and capability are no barrier at all. Yoga is not a miracle cure that can free a person from all stress, but it can help to minimize it. The worries of modern life deplete our reserve of bio-energy, because we draw on our vital energy from the storehouse of the nerve cell. This can, ultimately, exhaust our energy reserves and lead to the collapse of mental and physical equilibrium. Yogic science believes that the nerves control the unconscious mind, and that when nervous system is strong, a person faces stressful situations more positively. Asana improve blood flow to all the cells of the body, revitalizing the nerve cells. This flow strengthens the nervous system and its capacity for enduring stress.

The use of the techniques of Yoga to create, stimulate, and maintain an optimum state of physical, emotional, mental, and spiritual health. The main principles of yoga therapy are presence, awareness, and conscious intention. deep, slow, rhythmic breath. right diet and conscious relaxation. **(Judith Hanson Lasater, Ph.D1978).**

University of Sindh, Jamshoro, (2003-2005). Eighty females from middle socioeconomic groups, college teachers (40) and housewives (40) aged between 25-45 years participated in this study and subjects were selected from Hyderabad and its adjoining areas. Environmental, psychological and physiological stress levels were measured with Likert scale. Total cholesterol, LDL cholesterol and HDL cholesterol were measured by CHOD-PAP method and triglyceride levels were measured by GPO method. Results: Housewives had high levels of total cholesterol, LDL cholesterol and triglyceride but low levels of HDL cholesterol were found in college teachers. Environmental psychological and physiological stresses were significantly higher in housewives as compared to college teachers. Conclusion: Housewives were under more stress than college teachers. High levels of total cholesterol, LDL cholesterol and

triglyceride but low levels of HDL cholesterol were found in housewives compared to college teachers.

Housewives yoga has many benefits. With an improved core strength, tension free mind, make them happiness, yoga offers excellent blood and tissue vigor as well as enhanced balance. All these improvements combined makes yoga for housewives a wonderful health option. In addition, many problems that occur with age can be avoided altogether if a housewives yoga program is regularly engaged in. Yoga is a form of exercise that adapts to ones needs and abilities that it can be done even by housewives and deals with their whole being. Yoga is also beneficial in the reduced and control of stress and emotional problems that are linked with housewives.

Significance and Need for the Study

The phenomenon of stress has largely been associated with affluence and western life style. Psychiatric disorders are the most prevalent problems of modern living and drugs used for management of this disorders are selling in billions of dollars around every year have around the world. It is estimated that about 50 million people have either moderate or severe forms of psychiatric disorders in India. The findings of the surveys conducted by **mental health organization (2000)**, revealed that one in four people experience some kind of mental health problem in the course of a year. Stress is a big problem in society. According to psychologist, 75% of bodily disease is said to be stress related.

The **World Health Organization (WHO2009)** estimates that each year approximately one million women died from suicide, which represents a global mortality rate of 16 women per 100,000 or one death every 40 seconds. It is predicted that by 2020 the rate of death will increase to one every 20 seconds. Mental health disorders (particularly depression and substance abuse) are associated with more than 90% of all cases of suicide. suicide results from housewives have stress with many complex socio cultural factors and is more likely to occur during periods of socio economic, dowry system, illiteracy, family and individual crisis (e.g. loss of a loved one, unemployment, sexual orientation, difficulties with developing one's identity, low socio economic status, disassociation from one's community or other social belief group, and honour).

The WHO in a 2005 report cited statistical data collected by several countries during a one year period the housewives have more stress. Although it was not specified whether the sampling was the same across each country, the result were shocking (WHO,2005). Cambodia had the lowest incidence of reported abuse, with 16% of a nationally representative sample of housewives reporting being physically abused and 8% reporting being injured by a spouse. Colombia had the second lowest incidence, with 19% of 6,097 women surveyed having been physically assaulted by their partner in their lifetime. Poland had the highest incidence, with 60% of divorced women surveyed in 2003 reporting having been hit at least once by their Ex-husbands and another 25%reporting repeated violence. 796 women surveyed in japan in 1993, 59% reported being physically abused by their partner. In this report. The united states reported that 28% of a nationally representative sample of women claimed at least one episode of physical violence from their partner.

Tamilnadu average annual suicide rate of housewives were 189 per 100,000 in more incidence during 1 -10 years of married life. The ratio of male to female suicides was 1: 3. The age-specific suicide rate for men and women increased with age. Hanging (52%) and poisoning with organo-phosphorus compounds (39%) were the commonest methods employed for committing suicide. Significantly more women chose drowning or burning than men who preferred poisoning or hanging.

Violence against women in Dindigal includes molestation, abduction, dowry-related violence, and domestic violence. The police recorded 1,130 cases during the first seven months in 2013, compared to 860 for the corresponding period in 2012. More in Usilampatti Taluk, around 6,000 women's are suicided in a span of 2 years during 2012-2013.

A quasi experimental study was conducted in Chennai to assess the effectiveness of yoga therapy on reduction of stress among . 30 primi mothers were selected by using randomized sampling technique and data were collected by self structured questionnaire. The results revealed that 66.66% of the samples had severe level of stress whereas 30% had moderate level of stress 70% had mild level of stress. The overall mean score in the level of stress was 79 and SD5.3 with "t" value of 2.84. yoga therapy proved effective in reducing the level of stress among antenatal mothers.

A quasi-experimental study was conducted in Bangalore to determine the effectiveness of yoga therapy on anxiety among 40 elderly people. The results shown that mean level of anxiety during pretest was 89.82 and during posttest it was reduced to

69.55. Thus the study concluded that there was an effectiveness found in reducing the anxiety levels after application of yoga therapy.

In the above discussion it has been seen that stress faced by housewives can lead to many complications such as depression, suicidal risk, and self injury. As health professionals we should also pay attention to the housewives stress. Therefore the researcher felt that there is a need for such a study to be conducted. One of the stress management methods is yoga therapy which has been effective in relieving stress. The researcher is interested in taking up yoga therapy as it is found to be effective, easy to follow the certain asana, meditation convenient for most of the people and also takes 30 to 45 minutes only.

Statement of the Problem

A study to evaluate the effectiveness of yoga therapy on the level of stress among housewives in the selected community area at Dindigul district.’

Objectives

1. To assess the pre-test and post test level of stress among housewife in the experimental group and control group.
2. To evaluate the effectiveness of yoga therapy in the experimental group.
3. To find out the association between pre-test level of stress and their selected demographic variables.

Hypothesis

H1 – The mean post test level of stress will be significantly lower among housewife in the experimental group than their pre test level of stress among housewives.

H2 – The mean post test level of stress among housewife in the experimental group will be significantly lower than the mean post test level of stress among housewives in the control group.

H3 – There will be a significant association between level of stress and their selected demographic variables of housewives.

Operational Definition

Yoga therapy

It refers to a set of yoga therapy consisting of Pranayama, Asana and Dhayana that would be carried on the housewives. Yoga was administered for 4weeks, morning and evening session in srirammapuram at community area of dindigal district.

Stress

Stress is a response to a physical threat or psychological distress that generates a host of chemical and hormonal reactions in the body. These reactions experienced by the housewives, arising out of community area and staying within the family are addressed as stress.

Community

Community is a way of relating to other persons as brothers and sisters who share a common origin, a common dignity, and a common destiny. Community involves

learning to live in terms of an interconnected "we" more than an isolated "I". Community refers to two area in this study namely the srirampapuram and papampatti, at dindigal district, where housewives 'needs are catered.

Housewives:

It refers to the housewives who have the age group between 20-45 years.

Assumption

1. When life demands exceed the limit of coping it result in stress.
2. The physical, psychological and social environment influence stress.
3. The housewives of srirampapuram and papampatti community area would be willing to participate in the study.
4. The tool prepared for the study would be sufficient to assess the level of stress among housewives.

Delimitation

1. The data will entirely be dependent on the verbalized responses of the respondents.
2. This study includes housewives who are familiar with Tamil language.
3. This study is confined to selected community area of Dindugal district.

Projected Outcome

The study will evaluate yoga therapy in reducing the level of stress among housewives in selected Community area to awake the interest in non – pharmacological interventions towards stress. Findings of this study will help to plan and practice yoga therapy as a non-invasive nursing intervention in practice.

Chapter II

Review of Literature

CHAPTER-II

REVIEW OF LITERATURE

A literature review involves the systematic identification, location, scrutiny and summary of written materials that contain information on a research problem. **(Polit and Beck, 2010)**

It provides basis for future investigations that justifies the need for the study, throws light on the feasibility of study. This chapter has review of studies done, methodology adopted and conclusion obtained by other investigator which helps to study the problem in depth. The sources obtained are mostly from textbooks, journals and internet searches.

The review of literature is organized as follows:

- An overview regarding stress
- An overview regarding yoga
- Studies related to stress among housewives
- Studies related to yoga therapy among housewives

An overview regarding stress

Richard S Lazarus (1969), the stress is a feeling experienced when a person thinks that "the demands exceed the personal and social resources the individual is able to mobilize." Stress is a biological term which refers to the consequences of the failure of a human or animal to respond appropriately to emotional or physical threats to the organism, whether actual or imagined. Stress is a feeling that's created when we react to

particular events, it's the body's way of rising to a challenge and preparing to meet a tough situation with focus, strength, stamina, and heightened alertness.

Origin and terminology

Hans Selye (1956) was one of the founding fathers of stress research. His view in that "stress is not necessarily something bad – it all depends on how you take it. The stress of exhilarating, creative successful work is beneficial, while that of failure, humiliation or infection is detrimental." Selye believed that the biochemical effects of stress would be experienced irrespective of whether the situation was positive or negative.

The Physiology of Stress: Cortisol and the Hypothalamic-Pituitary-Adrenal Axis

The human stress response involves a complex signaling pathway among neurons and somatic cells. While our understanding of the chemical interactions underlying the stress response has increased vastly in recent years, much remains poorly understood. The roles of two peptide hormones, corticotropin-releasing hormone (CRH) and arginine-vasopressin (AVP), have been widely studied. Stimulated by an environmental stressor, neurons in the hypothalamus secrete CRH and AVP. Corticotropin-releasing hormone (CRH), a short polypeptide, is transported to the anterior pituitary, where it stimulates the secretion of corticotropin. Consequently, corticotropin stimulates increased production of corticosteroids including cortisol, the primary actor directly impacting the stress response. Vasopressin, a small hormone molecule, increases reabsorption of water by the kidneys and induces vasoconstriction, the contraction of blood vessels, thereby raising blood pressure. Together, CRH and vasopressin activate the hypothalamic-pituitary-adrenal (HPA) axis. The HPA axis comprises the system of feedback interactions among

the hypothalamus, pituitary gland, and adrenal glands. In sum, the hypothalamus releases CRH and vasopressin, which activate the HPA axis. CRH stimulates the anterior pituitary to release corticotropin, which travels through the bloodstream to the adrenal cortex, where corticotropin then upregulates cortisol production. Vasopressin, the other hormone secreted by the hypothalamus, stimulates the cortical collecting ducts of the kidneys to increase reuptake of water, resulting in smaller volumes of urine formed. As the next section will illuminate corticosteroids such as cortisol act across the entire body to promulgate the stress response.

Cortisol: Stress Hormone

Cortisol is a glucocorticoid hormone synthesized from cholesterol by enzymes of the cytochrome P450 family in the zona fasciculata, the middle area of the adrenal cortex. Regulated via the HPA axis, cortisol is the primary hormone responsible for the stress response. Expressed at the highest levels in the early morning, cortisol's main function is to restore homeostasis following exposure to stress. The effects of cortisol are felt over virtually the entire body and impact several homeostatic mechanisms. While cortisol's primary targets are metabolic, it also affects ion transport, the immune response, and even memory.

Sleep Deprivation, Caffeine, and Alcohol All Increase Cortisol

Stressed Dartmouth students often sacrifice sleep while increasing consumption of caffeine and alcohol, all of which impact cortisol levels and thus, the physiological markers of the stress response. While no connection has yet been established linking sleep deprivation to long-term hypothalamic-pituitary-adrenal (HPA) axis activity, acute sleep loss confuses the HPA axis and disrupts negative glucocorticoid feedback

regulation . Leproult et al. found that plasma cortisol levels were elevated by up to 45 percent after sleep deprivation, an increase that has implications including immune compromise, cognitive impairment, and metabolic disruption . These consequences should give pause to anyone contemplating an all-nighter the day before an exam. The relationships among caffeine, stress, and cortisol secretion will also be of interest to Dartmouth's caffeinated masses. Repeated doses of caffeine over a single day result in markedly increased cortisol levels, regardless of the stressor involved or the sex of the individual. Although the extent of the link has not been fully elucidated, a positive relationship clearly exists between caffeine intake and cortisol release, and this relationship is exacerbated when other stressors are introduced. Thus, supplementing a lack of sleep with multiple cups of coffee or energy drinks actually reinforces the negative effects of the stress response and further undermines performance. The benefits of caffeine intake must be balanced with its implications for cortisol secretion.

Often, students decide to celebrate after a stressful episode by consuming alcohol, often in large quantities over a short time frame. Ironically, this method of releasing stress actually stimulates the HPA axis and encourages the manufacture and release of cortisol. In fact, the elevation in glucocorticoid levels as a result of alcohol consumption can be greater than the elevation from stressful stimuli. Alcohol probably functions to activate the HPA axis by disinhibiting it: alcohol depresses the nerve cells responsible for HPA inhibition, thereby elevating HPA axis activity. As a result, the adrenal cortex secretes higher levels of cortisol. It is hardly surprising, then, that Dartmouth students and college students generally complain of the consequences of considerable anxiety and pressure: our common responses to stress, lack of sleep, caffeine intake, and alcohol consumption

act in conjunction to raise the amount of cortisol in our bodies, augmenting the very stress we seek to combat.

Stress may also contribute to physical illness such as cardiovascular disease. When stress turns into a serious illness, it is important to get professional help as soon as possible. Untreated stress can lead to serious depression.

An overview regarding Yoga

Yoga is becoming popular in all parts of the world. For the restless mind it gives solace. For the sick it is a boon. For the common women it is the fashion of the day to keep him fit and beautiful. Some use it for improving memory, intelligence creativity. With its multifold advantages it is becoming a part of education. Specialists use it to unfold deeper layers of consciousness in their move towards perfection.

Understanding yoga

The term yoga has its verbal root as yuj in Sanskrit. Yuj means joining, yujyate anena its yogah. Yoga is one which joining of jivatma with paramathma-individual self with the universal self. It is an expansion of the narrow constricted egoistic personality to an all pervasive, external and blissful state of reality.

Patanjali yoga is one among the six systems of Indian philosophy known as satdarsanas. One of the great rishis (seer), patanjali, compiled the essential features and principles of yoga (which were earlier interspersed in yoga Upanishads) in the form of “sutras” (aphorisms) and made a vital contribution in the field of yoga, nearly 4000 years ago (as dated by some famous western historians). According to patanjali, yoga is a conscious process of gaining mastery over the mind.

The scope of yoga as portrayed in Bhagavad-Gita and Upanishads is far more comprehensive. As **swami Vivekananda** puts “it is a means of compressing one’s evolution into a single life or a few months or even a few hours of one’s bodily existence” in general, there is a growth process due to interactions with nature in all creation. But it may take thousands and millions of years for this natural growth; that is the long, instinctive way in animals. Man, endowed with discrimination power, conscious thinking faculty, the buddhi and well-developed voluntary control systems, aspires to accelerate his growth. Yoga is the systematic conscious process which can enhance the process of man’s growth.

Sri aurobindo emphasizes an all-round personality development at those physical, mental, intellectual, emotional and spiritual levels. He means a methodical effort towards self-perfection by the development of the potentialities latent in the individual. It is a process by which the limitation and imperfections can be washed away resulting in a super human race. Thus, yoga is a systematic process for accelerating the growth of a man in his entirety. With this growth, man learns to live at higher states of consciousness. Key to this all-round personality development and growth is the culturing of mind.

Yoga- mastery over mind

As mentioned earlier, patanjali, in his second aphorism defined yoga as “yogah citta vrtti nirodhah” (yoga sutras:1.2). yoga is a process of gaining control over the mind. By controlling mind one would reach their original state; tada drastuh swarupeavasthanam (yoga sutras 1.3). then the seer establishes himself in his causal state. This is the technique of ‘mind control’ prescribed by patanjali. Control involves two

aspects- a power of concentrate on any desired subject or object and a capacity to remain quiet at all times.

In action, yoga is a special skill which makes the mind reaches its subtler stateah : Yogah karmasu kausalm' (Gita 2.50). Yoga is the skillful action. The dexterity is in maintain relaxation and awareness in action. Relaxed action is the process. Efficiency in action is an outcome. Thus, yoga is skillful science of gaining mastery over the mind. Yoga is normally and traditionally conjectured and popularly known as a process or a technique to reach the ultimate state of perfection. However, yoga is also defined as the state of higher powers and potentialities and even as ultimate state of silence. Future yoga is also described as the power of all creative endeavors and creation itself.

The streams of yoga

There are a large number of methods of yoga catering to the needs of different persons in society to bring about the transformation of the individual. They are broadly classified into four streams. Swami Vivekananda puts them as work, worship, philosophy and psychic control.

The path of work (**karma yoga**) involves doing action with an attitude of detachment to fruits of action. This makes man release himself from the strong attachments and thereby bringsin him a steadiness of mind – 'samatvam yoga ucyate' (Gita 2.48). instruments of action and understanding (Karmendriyas and jnandriyas) get cleansed. Karma yoga, the path of work, involves doing action in skillful way. In other words, it can be said as a way of enjoying work doing it effortlessly. The success or failure should not be allowed to cause ripples in the mind.

Bhakti yoga, the path of worship, is a systematic method of engaging the mind in the practice of divine love. This attitude of love softens our emotions and tranquilizes our mind. The control of emotions is the key in the path of worship (bhakti yoga). In this modern world, man is tossed up and down due to emotional problems. The path of Bhakti is a boon to gain control over emotional instabilities by properly harnessing the energy involved in it.

Jnana yoga, the path of philosophy, is a systematic way of tutoring the mind about the realities of life by contemplation. This will strip off the garb of avidya (ignorance) from our mind and the mind goes to its natural state of rest. One of the major contributions of patanjali's yoga sutras is the eight – limbed.

Yoga, popularly known as '**astanga yoga**' which gives a comprehensive and systematic approach for developing the mind. The eight limbs are:

- I. Yama (the disciplines, 'DON'Ts :Nisedhas)
- II. Niyama (the injunctions, 'DO's :vidhis)
- III. Asana (the posture of the body)
- IV. Pranayama(the control of prana,the life force)
- V. Pratyahara(restraint of senses from their objects of enjoyment)
- VI. Dharana (focusing of mind)
- VII. Dhyana (meditation)
- VIII. Samadhi(super consciousness)

The first five limbs come under a general heading bahiranga yoga. In this the bahyendriyas are used. It is unused for indirect control of mind. The bahyendriyas are:

- a) Karmendriyas: hands, feet, organs of speech, excretion and procreation.
- b) Jnanendriyas: eyes, ears, organs of smell (nose), taste (tongue) and touch (skin)

The last three limbs are referred to as antaranga yoga: the mind is used directly for culturing itself.

Studies related to stress among housewives

Carolyn M. Aldwin (2013) study was conducted to examine their level of anxiety due to stress. Totally 60 single and dual career women whose age group ranged from 25 to 45 years were randomly selected using purposive method of sampling out of the sample 30 were single career women and 30 were dual career women. The housewives were considered as single career where as working women were considered as dual career women. The sample was taken from metro city of Delhi. Only school teachers were included in the dual career sample. According to their findings single career women experienced 42.8% of anxiety during stress where as dual career women were experienced 40.3% of anxiety during stress.

Raji. K. rajan (2013) conducted a study to evaluate the effectiveness of yoga therapy on stress among housewife. In pretest 25(42%) of the housewives had moderate stress and 5(16.6%) had severe stress, in posttest, majority 58(97%) had moderate stress and only 2(3%) had mild stress and none of them had severe stress.

Mitra molli nizam (2012) a study was conducted to find out the psycho- social stressors in patients with Somatoform Disorders. The objectives are to identify and compare various psycho-social stressors in patients presenting with somatoform disorders. The findings suggested that female patients($M=356.15$, $SD=138.01$) experience more life events as compared to male patients($M=317.6$, $SD=103.48$) . Majority of the patients presenting with somatization belonged to younger age groups. Somatoform disorders were more common among housewives and in males who were unemployed.

Veena (2010) a descriptive study conducted by in selam district, to assess the level of stress among dual career women. Data were collected from 200 dual carrier women by depression ,anxiety, stress scale(DASS) . The result of the study on the severity of level of stress showed that 18.7%, 76.9% and 14.6% were experiencing severe, moderate and mild stress respectively.

BudlerLD (2009) A study was conducted to assess the effects of stress among Lady health visitors and housewives. They have taken the sample of 70 Lady health visitors and housewives aged between 25-40 years. They results shows that environmental, psychological, physiological stresses were significantly higher in housewives as compared to lady health visitors. The housewives under more stress than the lady health visitors.

Jens granath(2008) In this study, a stress management program based on cognitive behavioral therapy principles was compared with a Kundaliniyoga program. A study sample of 26 women and 7 men from a large Swedish company were divided

randomly into 2 groups for each of the different forms of intervention; a total of 4 groups. The groups were instructed by trained group leaders and 10 sessions were held with each of groups, over a period of 4 months. Psychological (self-rated stress and stress behavior, anger, exhaustion, quality of life) and physiological (blood pressure, heart rate, urinary catecholamines, salivary cortisol) measurements obtained before and after treatment showed significant improvements on most of the variables in both groups as well as medium-to-high effect sizes. However, no significant difference was found between the 2 programs. The results indicate that both cognitive behavior therapy and yoga are promising stress management techniques.

Holeyannavar S.K itagi (2008) An ex-facto study on stress, health status and emotional competence of 105 married female primary school teachers with at least 5 years of teaching experience was conducted in during 2008-09. Housewives belonging to the same age and income ranges were selected as the comparison group. Stress index questionnaire developed by **ivance wich and matteson** was used to assess the stress level, emotional competence was assessed using **EC. scale** developed by Bharadwaj and Sharma and health status by post graduate institute of medical education and research (PGI) Health questionnaires N-2 developed by wig and verma. The results revealed that majority of the teachers and housewives Indicated average to competent level of emotional competence (88-89.5%), high stress levels (66-74.3%) and mildly affected health status 88.6- 92%). Negative and significant relationship was observed between emotional competence with stress and health status of teachers and housewives. Hence, increase in the emotional competence reduced the stress level and health problems (neurosis) significantly among primary school teachers as well as housewives.

Neal Krause , thanh van tran(2007) conducted study on stress and religious involvement among housewives. In this study three models of the stress process were evaluated empirically: the suppressor, moderator, distress –deterrent models. The data provided support for the distress-deterrent model only. The findings from this model indicated that although life stress tended to erode feeling of self worth and mastery, these negative effects were offset or counterbalanced by increased religious involvement.

Mitra molliy nizad (2001) conducted the study was designed to determine the correlation between infertility related stress and marital adjustment in women who referred to Isfahan and infertility treatment clinic A Corrolational-one group research design was used to measure infertility related stress and marital adjustment of infertile women using data from a questionnaire including [socio-demographic data, infertility related stress and Dyadic adjustment scale (DAS)] and investigation of relationship of these two variables from different aspects. All of the participants had experienced infertility stress (in different degrees) and about half of them (46%) were maritally distressed. for these women, infertility stress scores were significantly related to economical problems, family composition, duration of treatment and confidence one will have a child for marital adjustment, duration of infertility and a positive history of failed pregnancy were only variables that were significantly related to this variable. For these women infertility stress scores significantly related to deterioration of marital adjustment. ($r=-0.39$, $P<0.001$) As hypothesized, infertility related stress, had deleterious impact on the marital life of infertile women. Meaningful characteristics were identified that could guide clinicians to those women at risk for increasing stress and marital distress.

Studies related to Yoga Therapy on stress:

Mullul LM(2014) conducted the comparative interventional study to determine the stress levels in apparently healthy full time housewives and to study the effects of Yoga on stress levels among them. Study was conducted on 50 apparently healthy full time housewives (20-50 years) who attended one month Yoga camp. Hamilton stress (HSMA) Scale was used to evaluate stress levels before and at the end of the yoga camp. Statistical analysis was done by Paired t test using SPSS 9.0. The baseline pulse rate, SBP, DBP were 82.90 ± 4.25 bpm, 124.84 ± 11.022 mm Hg, 85.20 ± 10.81 mm Hg respectively. After four weeks yoga camp there was statistically significant lowering of pulse rate (77.58 ± 3.86 bpm), SBP (117.92 ± 6.76 mm Hg), DBP (78.68 ± 6.62 mm Hg). Before yoga training, percentage distributions of subjects with mild, moderate and severe stress were 6%, 18% and 76% respectively. At the end of four week yoga training, percentage distributions of subjects with mild, moderate and severe a stress were 44.23%, 19.23% and 36.53% respectively. There was highly significant ($p = 0.000$) difference in the mean values of total score before (33.71 ± 4.90) and after (26.93 ± 4.53) yoga. These results indicate that there was a reduction in the severity of stress from severe to moderate and mild indicating decrease in stress following yoga. Based on the results of our study, we conclude that regular yogic practices and adapting and implementing the principals and philosophy of yoga in day to day life may decrease the reduced stress level.

Palak patel (2013) .Conducted a study to assess the effectiveness yoga therapy on stress among housewives. Home are considered as of the most stressful work environments, because there, it is the matter of different role in responsibility of family.

It is both physically and psychologically challenging. yoga Therapy for managing stress and achieving a deep state of relaxation. It is an effective and widely used strategy for stress relief. With regular practice it gives a complete relaxation. Pre experimental one group pre - test and post -test research design was adopted to achieve the goal of the study by using instrument i.e demographic data and stress assessment scale among 30 housewives. The findings of the study revealed that in pre test most of the housewives 53.3% had moderate stress, 40.0% had mild stress and 6.7% had severe stress. In post test most of the housewives had mild stress 73.3 % and no stress 26.7 %. It is concluded that yoga Therapy is effective in reducing the stress level of the housewives.

Arasumani (2013), John college of Nursing, Karnataka The focus of the study and research was to determine the effects of yoga therapy in reducing the stress levels among housewives. A study to assess the level of stress before and after practice yoga therapy among the housewives, The research design used for the study was quasi experimental(one group pre test and post -test design. A sample of 60 housewives was selected for the study using lottery method. Holmes and Rahe Stress rating scale was used to collect the data from the housewives. The data was analyzed using simple descriptive statistics and association various factors was analyzed by inferential statistics. The results showed that during pretest, housewives have moderate to severe stress. In the pre test 11(18.33%) sample had mild level of stress, 22(36.66%) had moderate level of stress and 27(45%) had severe level of stress. . In post test most of the housewives 35(58.33%) have no stress, and 21(35) housewives had mild level of stress, 4(6.67%) housewives had moderate level of stress and no one had severe stress. This means that yoga therapy was effective in reduce the stress among housewives.

Chen KM, Tseng WS(2012) Conducted a study on effects of newly developed silver yoga exercise programmed for housewives . Using a one-group, pre-post test design, a convenience sample of 160 community-dwelling housewives was recruited. The silver yoga exercise intervention was administered three times a week, 70 minutes per session, for four weeks. Data were collected at baseline and after completion of the four-week intervention. Results indicated that participants body fat percentage and systolic blood pressure decreases, balance and range of motion on very active and tension reduced, and sleep disturbance was minimized (app $p < 0.05$). Preliminary evidence supports that the silver yoga exercise program provides positive effects on the promotion of good mental health in housewives living in the communities.

Kristober mary (2010) A quasi experimental study conducted by to assess the effectiveness of yoga therapy on stress among 60 housewives in Coimbatore district. Data was collected using modified Holmes and Rahe Stress Scale. The mean post test stress level 6.27 was less than the mean pre test 34.93. the obtained “t” value=36.333, ($p < 0.05$) was highly significant. It was concluded that significant reducing the stress after yoga therapy administration.

Javanbakht2010 conducted comparative study to evaluate the influence of yoga in relieve in symptoms of stress in housewives who were referred to a yoga clinic. The study involved a convenience sample of housewives who were referred to a yoga clinic from July 2006 to July 2007. All new cases were evaluated on admission using a personal information questionnaire well as Beck and Spiel berger tests. Participants were randomly assigned into an experimental and a control group. The experimental group ($n=34$) participated in twice weekly yoga classes of 90 min duration for two months. The control group ($n=31$) was assigned to a waiting list and did not receive yoga. Both groups

were evaluated again after the two-month study period. The average prevalence of stress in the experimental group pre and post Yoga intervention was 12.82 ± 7.9 and 10.79 ± 6.04 respectively, a statistically insignificant decrease ($p=0.13$). However, when the experimental group was compared to the control group, women who participated in yoga classes showed a significant decrease in state stress ($p=0.03$) and trait stress ($p<0.001$). Participation in a two-month yoga class can lead to significant reduction in perceived levels of stress in women who suffer from severe stress. This study suggests that yoga can be considered as a complementary therapy or an alternative method for medical therapy in the treatment of reducing stresses.

Ahuja Mathew(2009), a study to assess the effectiveness of yoga therapy among the housewives to reduce the stress in selected community area at mangalore, quantitative and evaluative approach with a quasi experimental, two group pre and post-test design. In pre-test the people are highly affected in stress. After pre-test six month practice in yoga, post-test result 80% reduced the stress in the housewives at Mangalore. Totally sixty samples are selected.

Kozasa, E.H..et al (2005) conducted a study on evaluation of siddha samathi yoga. Siddha samathi yoga was programme in which meditation is association with pranayama (breathing exercises). Twenty two volunteers with stress complaints ($M \text{ age} = 42.8$, $SD = 10.3$) were assigned to two groups: 14 attended the yoga group, and 8 attended a waiting-list or control group. They were evaluated before the intervention and 1 month after it on the state –trait stress inventory, the beck depression inventory, tension feeling self – evaluation scales, and the well-being self- evaluation scales. A significant reduction in scores on stress, depression ,and tension was found in yoga group, as well as an increase in well-being in comparison with the control group.

Conceptual Framework

The conceptual frame work of this study was derived from Ludwig von bertalanffy's general system theory (1968).according to this theory, a system consists of a set of interacting components within the boundary that filters the type and rate of exchange within the environment. all living systems are open in that there is continuous exchange of matter, energy and information. Open system have varying degrees of interaction with the environment from which the system receives input and gives back output.

Input

In this study input refers to selected background factors of housewife such as age, religion ,education, occupation of spouse, order of marital status, marital duration number of marriage, type of family, number of children, family income per month, marital relationship, history of any physical illness, history of any mental illness, history of bad habit of the spouse and extreme possessiveness of the spouse. The existing level of stress was assessed and an intervention namely yoga therapy was planned.

Throughput

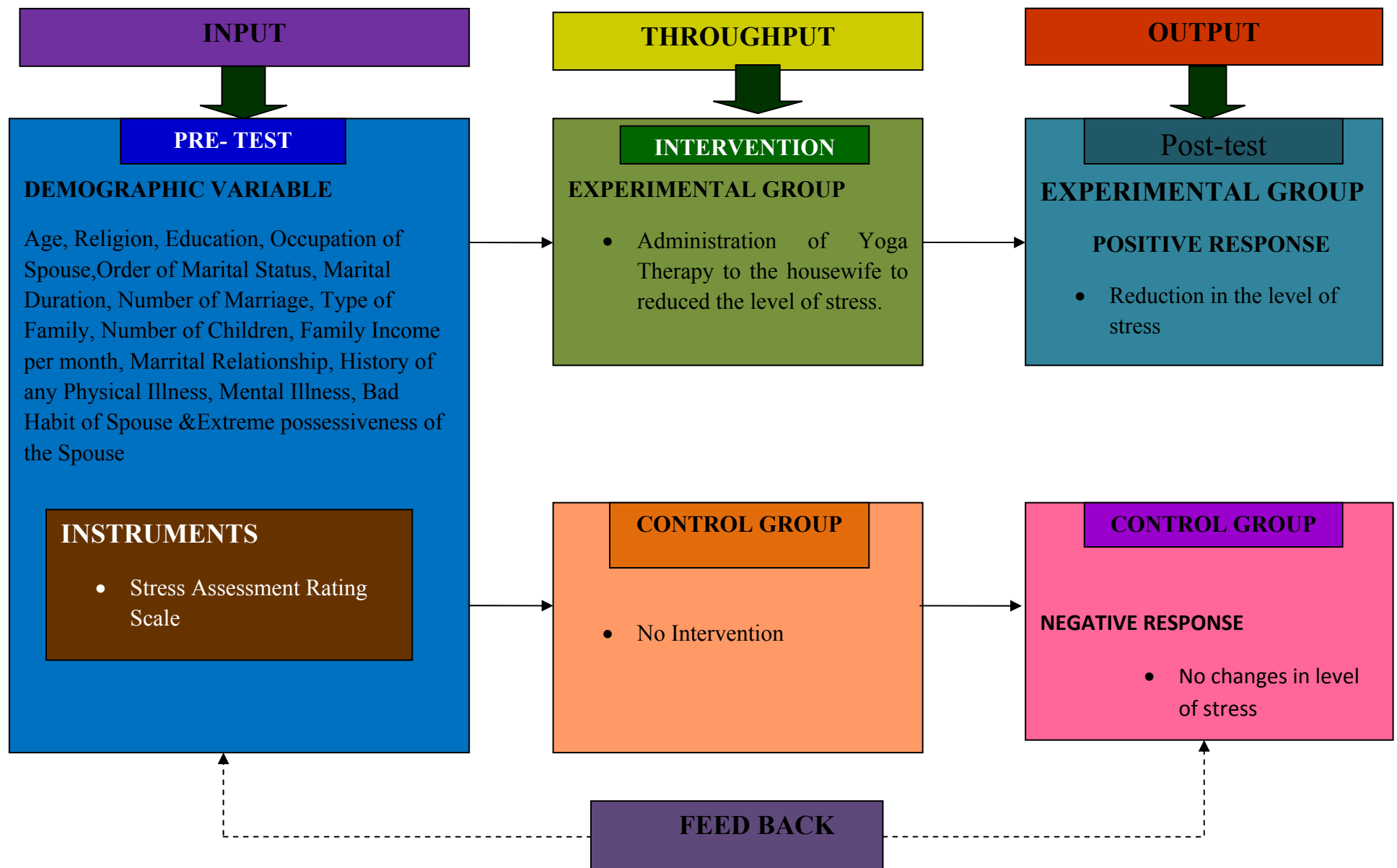
It denotes the operation procedure in the overall programmed implementation. Intervention namely yoga therapy was administered. The clients were encouraged to practice yoga therapy for a given period of time.

Output

After processing the input, the system returns output in an altered state, affecting the environment. In this study, output was the obtained score on the level of Stress after the intervention namely after yoga therapy.

Feedback

It refers to the environments response to the system. Feedback may be no reduction in level of stress or reduction in the level of stress.



(1968) LUDWIG VON BERTALANFFY'S GENERAL SYSTEM MODEL

CHAPTER – III

METHODOLOGY

The methodology of research indicates the general pattern of organizing, the procedure for gathering valid and reliable data for the problem under investigation. **(Polit and Beck, 2010)**

Methodology is a significant part of any study, which enables the researcher to logically project the research undertaken. Research methodology is the systematic way to carry out an academic study and research in flawless manner.

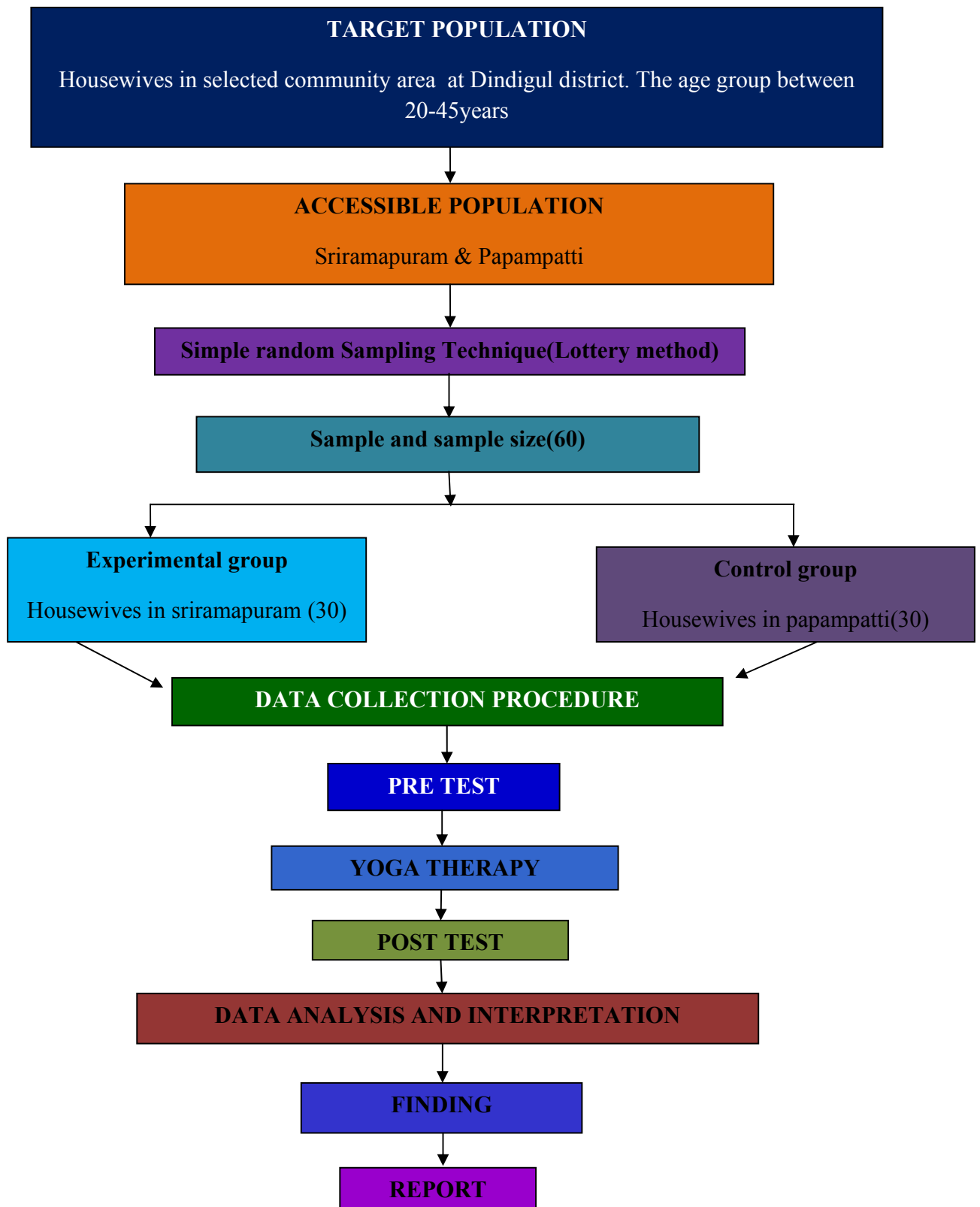
The chapter includes research design, setting of study, population, sampling technique, , sample size, criteria for sample selection, research tool techniques ,testing of the tool (reliability, content validity), pilot study, data collection procedure, plan for data analysis and protection of the human rights.

Research Approach

The research approach used for the study is evaluative approach.

Research Design

The research design was adopted for this study is true experimental design, with pretest-posttest control group design.



SCHEMATIC REPRESENTATION OF RESEARCH DESIGN

Setting of Study:

The study was conducted in srirampuram and papampatti villages which are situated at ten kilometer and twenty kilometer distance from Sakthi College of nursing, sakthi nagar respectively. The total population of srirampuram and papampatti 2100 and 850 respectively. Housewives in srirampuram were included in the experimental group and housewives in papampatti village are the control group. The investigator arbitrarily choose two distinct villages to prevent study contamination, keeping in mind the geographical distance, time available for data collection and familiarity in the area.

Population

In this study the target population was housewives. The accessible population was housewives those who are residing in srirampuram and papampatti. The age group between 20-45yrs.

Sampling Techniques

In this study simple random sampling method, (lottery) was used to select the samples.

Sample

Housewives as sample in this study.

Sample size

The study samples were the housewives living in srirampuram and papampatti. The sample included 30 housewives in experimental group at srirampuram and 30 housewives in control group at papampatti.

Criteria for sample selection

The samples were selected based on the following inclusion and exclusion criteria.

Inclusion criteria

- The study includes housewife
- The study selected community area at dindugal.
- Who are willing to participate in this study?
- Who are the age group between 20-45years?
- Who are available on the day of data collection?

Exclusion criteria

- Who are not willing to participate to this study?
- Who are not available on the day of data collection?
- Who are having the age group below 20 and above45 years?

Research Tool Technique

The research tool consisted of two sections

Section- A

It consisted of demographic characteristic of the housewives which included age, religion, education, occupation of spouse, order of marital status, marital duration, number of marriage, type of family, number of children, family income per month, marital relationship, history of any physical illness, history of any mental illness, history of bad habit of the spouse, and extreme possessiveness of the spouse.

Section - II

Modified depression anxiety and Stress Scale (DASS) tool was used to assess the stress among housewives. It consisted of structured interview schedule regarding physical aspects of stress, psychological aspects of stress and social aspect of stress. It has 30 items.

Part – 1

This section assessed physical aspects of stress. It had 10 items. The total score for this section is 40.

Part – II

This section assessed psychological aspects of stress. It had 10 items. The total score for this section is 40.

Part – III

This section assessed social aspects of stress. It had 10 items. The total score for this Section is 40.

Scoring procedure and interpretation

Structured interview schedule was use in the form of rating scale. Each item in the scale was given Yes/No responses. It had five alternatives and they were always, rarely, sometimes, often, never and were scored 4, 3,2,1,0 respectively. Total attained score was 120. Total score was converted into percentage and was interpreted as follows.

0 - 33 mild stress

34 – 66 moderate stress

67 -100 severe stresses

Total attainable score for each part:

Physical stress	:	40
Psychological stress	:	40
Social stress	:	40
Total	:	120

Testing of the Tool**Reliability**

The reliability of the tool was established by test –re test method. The tool was administered to five subjects and the same tool was then read ministered to the same subjects last seven days. Both the test and retest scores were analyzed. According to spilt half method and its correlation Coefficient $r = 0.85$ which signified that the tool was reliability.

Content Validity

The questionnaire was developed by the investigator with help of extensive literature review and expert opinion. Expert opinion was obtained to confirm the content validity tool was obtained from 5 nursing's experts, one statistic expert, one yoga therapist, community and one medical officer. The experts were requested to check the relevance, sequence and adequacy of the items in the interview schedule. Based on their valid suggestion a few items were modified final tool was prepared as per the suggestions given by the experts. Tool of Tamil translation validated by Tamil expert.

Pilot Study

The researcher conducted a pilot study before the main study to achieve the following purposes

- To understand and handle the difficulties that may be encountered in the actual Study
- To become familiar with the use of the study tool.
- To find out the feasibility and application of the tool
- To find out the sensitivity of the tool.

The pilot study was carried out during the first week of august 2014 at the Thirumalarayapuram community at Dindugal district. Six samples of housewives were selected by random sampling technique. The pilot study showed that the tool was understandable by the housewives and they were eager to learn yoga.

The housewives spontaneously shared their difficulties in the management of stress level and they were happy to participate in the study. The time taken to collect the data from housewives was 15 minutes each during pre test and post test. The result of the study after computing the value showed that there were statistically significant improvements in the stress level among housewives. The yoga technique was demonstrated to the housewives and they were advised to follow it for 10 days and post test was conducted. No changes were made in the tool after pilot study.

Data Collection Procedure

Prior to the data collection, the necessary permission was obtained from the principal, sakthi college of nursing. The data was collected among the housewives for a period of six weeks except Sunday, before commencing the project the permission was obtained from the srirampuram and papampatti panchayat officer. And given permission letter to the investigator established rapport with study subject and purpose of study was explained to each subject. The written consent was received from each participant. Investigator made visit to srirampuram and papampatti rural area of dindigul district. Conducted survey among 60 housewives respectively. The selected samples were approached with the study questionnaire and the level of stress was identified. Yoga therapy based on the incorporating Suggestions of experts and knowledge gained, asana were taught and was encouraged to be performed for 6 weeks, except Sunday, two sessions per day.

At the end of 6 weeks of practicing yoga the level of stress of the study subjects were reassessed, and the difference in score of stress levels was considered as the effectiveness of yoga therapy.

Data Collection Scheudle

WEEKS	ACTIVITY	NO OF CLIENT PER DAY
1 st week	Pre test done in experimental group & control group	30+30
2 nd week to 4 th week	yoga therapy for experimental group	30
6 th week	Post test done in experimental group & control group Data analysis & interpretation	30+30

- Time spent to assess the stress level of housewives (pre-test) was 20 to 30 minutes.
- Yoga therapy was taught and was encouraged to practice yoga. The time spent was 3 hour in the morning and 3 hour in the evening.
- A period of 4 weeks was allowed for clients to practice yoga before the stress level was reassessed (post test).

Plan for Data Analysis

Data analysis helps the researcher to organize, summarize, evaluate, interpret and communicate the numerical facts. For the present study the collected data from the participants would be grouped and analyzed using both descriptive and inferential

statistical methods. chi-square test was used to find out the association between the stresses with selected demographic variables. Descriptive statistics used were frequency, percentage and mean.

Protection of Human Rights

A formal concern was obtained from the respondents of the study (housewives) before administering the interview schedule. The investigator explained objectives purpose and goal of present study to the village leader, medical officer for respective of PHC in order get the maximum cooperation.

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

‘All meanings, we know, depend on the key of interpretation.’

-George Eliot

The process of evaluating data using analytical and logical reasoning to examine each component of the data provided. This form of analysis is just one of the many steps that must be completed when conducting a research experiment. Data from various sources is gathered, reviewed, and then analyzed to form some sort of finding or conclusion. There are a variety of specific data analysis method, some of which include data mining, text analytics, business intelligence and data visualizations.

Analysis is a process of organizing and synthesizing data so as to answer research questions and test hypothesis. (Politand Beck, 2010)

This chapter describes analysis and interpretation of data collected to evaluate the effectiveness of administration of yoga therapy on stress among housewives in selected community areas at Dindigul district. The collected data was organized, analyzed and tabulated by using descriptive and inferential statistics. These data were represented as follows.

1. Data on demographic variables among housewives in experimental and control group.
2. Data on level of stress among housewives in experimental and control group.

3. Data on level of stress among housewives in each domain in control group.
4. Data on level of stress among housewives in each domain in experimental group.
5. Data on effectiveness of administration of yoga therapy on stress among housewives in experimental and control group.
6. Data on association between the pre-test level of stress among housewives in control group and their selected demographic variables.
7. Data on association between the pre-test level of stress among housewives in experimental group and their selected demographic variables.

Table 1. Data on demographic variables among housewives in experimental and control group.

Frequency and percentage distribution of housewives according to their demographic data.

(N=30+30)

Demographic data		Experiment		Control	
		Frequency	percentage	frequency	Percentage
1.Age	20 - 30 yrs	15	50.0	14	46.7
	31 - 40yrs	10	33.3	9	30.0
	41 - 45 yrs	5	16.7	7	23.3
2.Religion	Hindu	17	56.7	12	40.0
	Christian	7	23.3	11	36.7
	Muslim	6	20.0	7	23.3
3.Education	Illiterate	6	20.0	8	26.7
	Primary	4	13.3	9	30.0
	High school	9	30.0	7	23.3
	Diploma	9	30.0	4	13.3
	Graduate	2	6.7	2	6.7
4.Occupation of spouse	Professional	7	23.3	4	13.3
	Private sector	10	33.3	7	23.3
	Government	4	13.4	3	10.0
	Coolly	7	23.3	11	36.7
	Unemployment	2	6.7	5	16.7
5.Marital status	Living with husband	25	83.3	26	86.7
	Divorce	1	3.3	1	3.3
	Widow	4	13.3	3	10.0
6.Marital duration	0-1 yr	11	36.7	11	36.7
	2-5 yrs	10	33.3	5	16.7
	6-10 yrs	7	23.3	7	23.3
	11-20 yrs	2	6.7	7	23.3
7.Number of marriage	Once	29	96.7	29	96.7
	More than once	1	3.3	1	3.3
8.Type of family	Joint family	12	40.0	14	46.7
	Nuclear family	18	60.0	16	53.3

Demographic variables		Experiment group		Control group	
		Frequency	percentage	frequency	Percentage
9.Number of children	None	3	10.0	6	20.0
	One	9	30.0	6	20.0
	Two	15	50.0	12	40.0
	> Two	3	10.0	6	20.0
10.Family income per month	< Rs.1000	2	6.7	3	10.0
	Rs.1001 to 3000	5	16.6	11	36.6
	Rs.3001 to 5000	8	26.7	8	26.7
	> Rs.5000	15	50.0	8	26.7
11.Marital relationship	Satisfactory	19	63.3	18	60.0
	Not satisfactory	11	36.7	12	40.0
12.History of any physical illness	Yes	4	13.3	2	6.7
	No	26	86.7	28	93.3
13.History of any mental illness	Yes	2	6.7	1	3.3
	No	28	93.3	29	96.7
14.If any history of bad habit of the spouse	Yes	16	53.3	14	46.7
	No	14	46.7	16	53.3
15.Extreme possessiveness of the spouse	Yes	14	46.7	12	40.0
	No	16	53.3	18	60.0

EXPERIMENTAL GROUP

The above table shows that among 30 samples, with regards 15(50%) samples belonged to the **age group** 20-30 years where as only 5(16.7%) of the samples belonged to the age group of 41-49 years.

Regarding **Religion**, 17 (56.7%) of the samples belonged to the Hindu religion, where as only 6(20%) of the samples belonged to the Muslim religion.

With regard to the **Education** of married women, 9(30%) of them had completed high school and diploma and only 2(6.7%) of them were graduates.

With regards to **occupation of spouse** 10 (33.3%) were private sector and 2(6.7%) them were unemployment.

Majority of **Marital status** 25(83.3%) of housewives living with husband and 1(3.3%) of the samples had divorce

In relation to **Marital duration** 11(36.7%) of the samples belongs to 0-1years and 2(6.7%) of the samples were 11-20years.

About **Number of marriage** 29 (96.7%) of the samples were married once and 1(3.3%) of them samples were married more than once.

In relation to **Type of family** 18 (60%) of the samples belong to nuclear family and 12(40%) living in joint family.

With regards **Number of children** 15(50%)of the sample had two children and 3(10%) of the samples had more than two and also none children.

About **Family income per month** 15 (50%) of the samples belong to Rs.>5000 and 2(6.7%) of the samples had Rs <1000.

Regarding marital **relationship** 19 (63.3%) of the samples belongs to satisfactory and 11(36.7%) of them samples did not have satisfactory.

Just over 3/4th 26 (86.7%) of the housewives did not have any **physical illness** and 4(13.3%)of them had physical illness.

28(93.3%) of the samples did not have any **Mental illness** and 2(6.7%) of them had mental illness.

Nearly 16(53.3%) of the spouse had habits of smoking and alcohol abuse and only 14 (46.7%) of the spouse did not have addictive habits.

Equally 16 (53.3%) did not have **possessiveness of spouse**, 14(46.7%) of the housewives had extreme possessiveness of spouse.

Control Group

The above table shows that among 30 samples, with regards 14(46.7%) samples belonged to the **age group** 20-30 years ,where as only 7(23.3%) of the samples belonged to the age group of 41-49 years.

Regarding **Religion**, 12 (40%) Of the samples belonged to the Hindu religion, where as only 7(23.3%) of the samples belonged to the Muslim religion.

With regard to the **Education** of married women, 9(30%) of them had completed primary school and 2(6.7%) of them were graduates.

With regards to **occupation of spouse** 11 (36.3%) were coolly and 3(10%) them were government.

Majority of **Marital status** 26(86.7%) of housewives living with husband and 1(3.3%) of the samples had divorce

In relation to **Marital duration** 11(36.7%) of the samples belongs to 0-1years and 5(16.7%) of the samples were 2-5years.

About **Number of marriage** 29 (96.7%) of the samples were married once and 1(3.3%) of them samples were married more than once.

In relation to **Type of family** 16 (53.3%) of the samples belong to nuclear family and 14(46%) living in joint family.

With regards **Number of children** 12(40%)of the sample had two children and 6(20%) of the samples had more than two and also none children.

About **Family income per month** 11 (36.6%) of the samples belong to Rs.1001-3000 and 3(10%) of the samples had Rs <1000.

Regarding marital **relationship** 18(60%) of the samples belongs to satisfactory and 12(40%) of them samples did not have satisfactory.

Just over 3/4th 28 (93.3%) of the housewives did not have any **physical illness** and 4(13.3%) of them had physical illness.

29(96.7%) of the samples did not have any **Mental illness** and 1(3.3%) of them had mental illness.

Nearly 14(46.7%) of the spouse had **Habits** of smoking and alcohol abuse and only 16 (53.3%) of the spouse did not have addictive habits.

Equally 18 (60%) did not have **possessiveness of spouse**, 12(40%) of the housewives had extreme possessiveness of spouse.

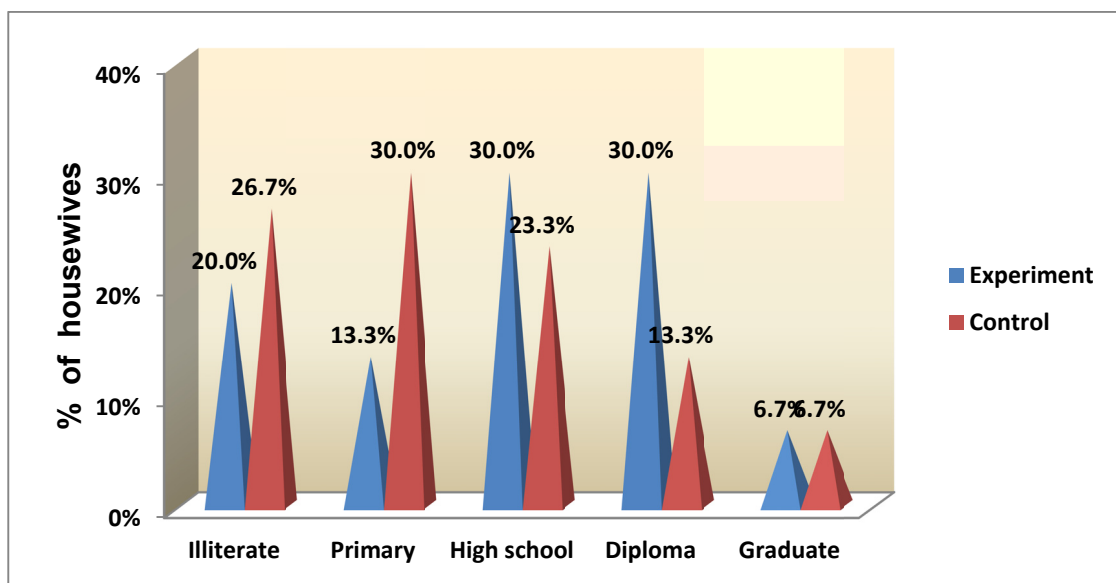


Figure 1. Distribution of housewives according to their education

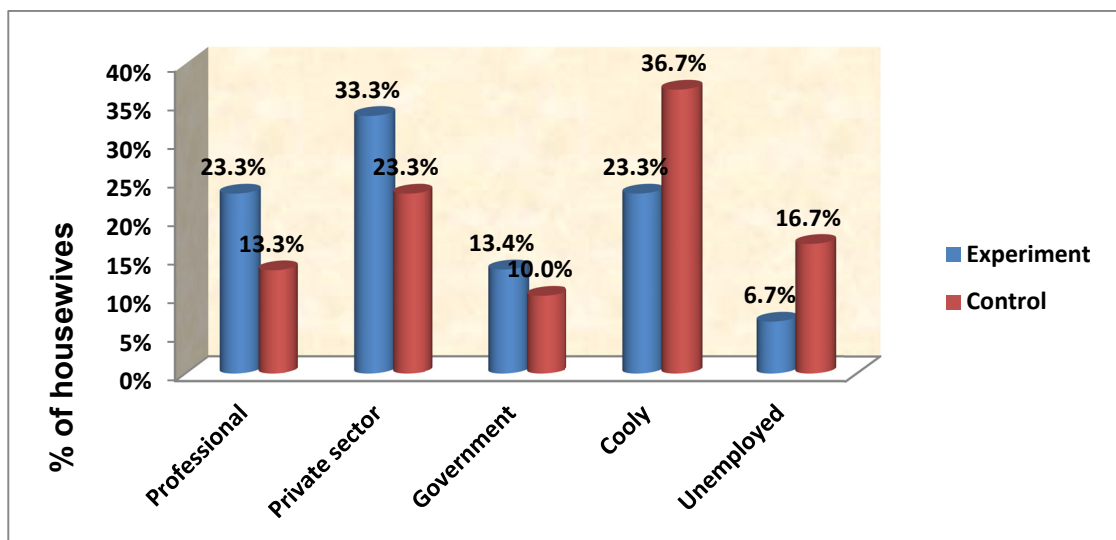


Figure 2.Distribution of housewives according to their occupation of spouse

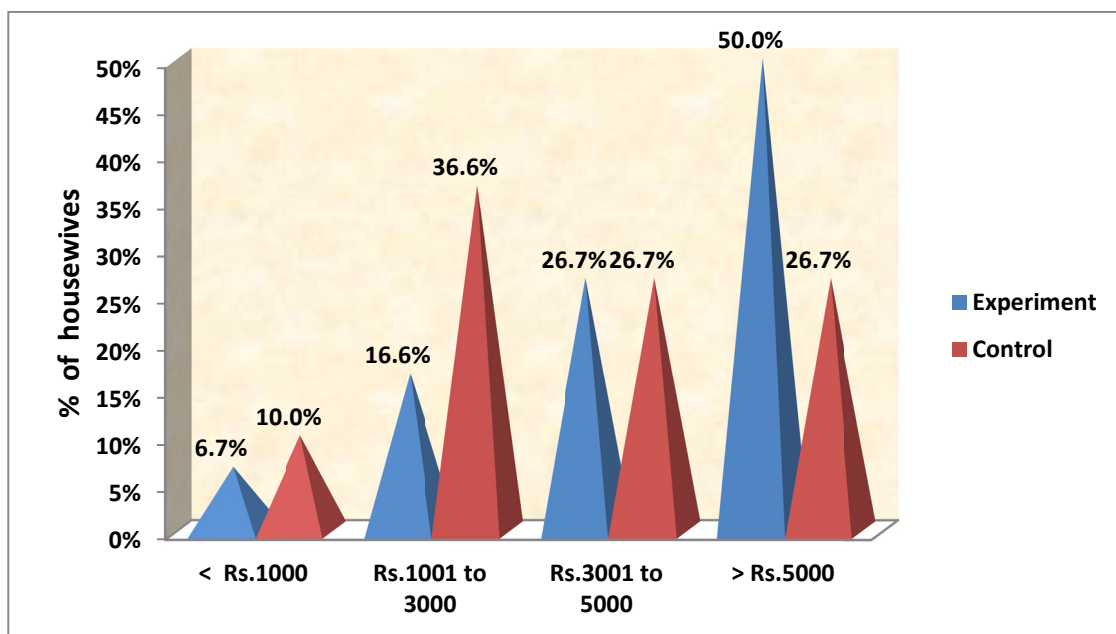


Figure 3. Distribution of housewives according to their family income per month

Table 2. Data on level of stress among housewives in experimental and control group.

Frequency and percentage for level of stress among housewives in experimental and control group.

(N = 30+30)

Level stress score	Experimental group				Control group			
	Pre test		Post test		Pre test		Post test	
	f	%	f	%	f	%	F	%
Mild	9	30	18	60	7	23.3	8	26.7
Moderate	18	60	12	40	19	63.4	18	60
Severe	3	10	0	0	4	13.3	4	13.3

The above table shows that in experimental group, the pre test scores on the level of Stress 9(30%) had mild stress, 18(60%) had moderate stress and 3(10%) had Severe stress respectively. Whereas post test 18(60%) had mild stress, 12(40%) had moderate stress and no one had severe stress respectively.

In control group the pre test scores on the level of stress 7(23.3%) had mild stress, 19(63.4%) had moderate stress and 4(13.3%) had severe stress respectively. Whereas post test 8(26.7%) had mild stress, 18(60%) had moderate stress and 4(13.3) had Severe stress respectively.

This finding reveals that, in experimental group after the administration of yoga therapy, the levels of stress among housewives were reduced in post test than pre test.

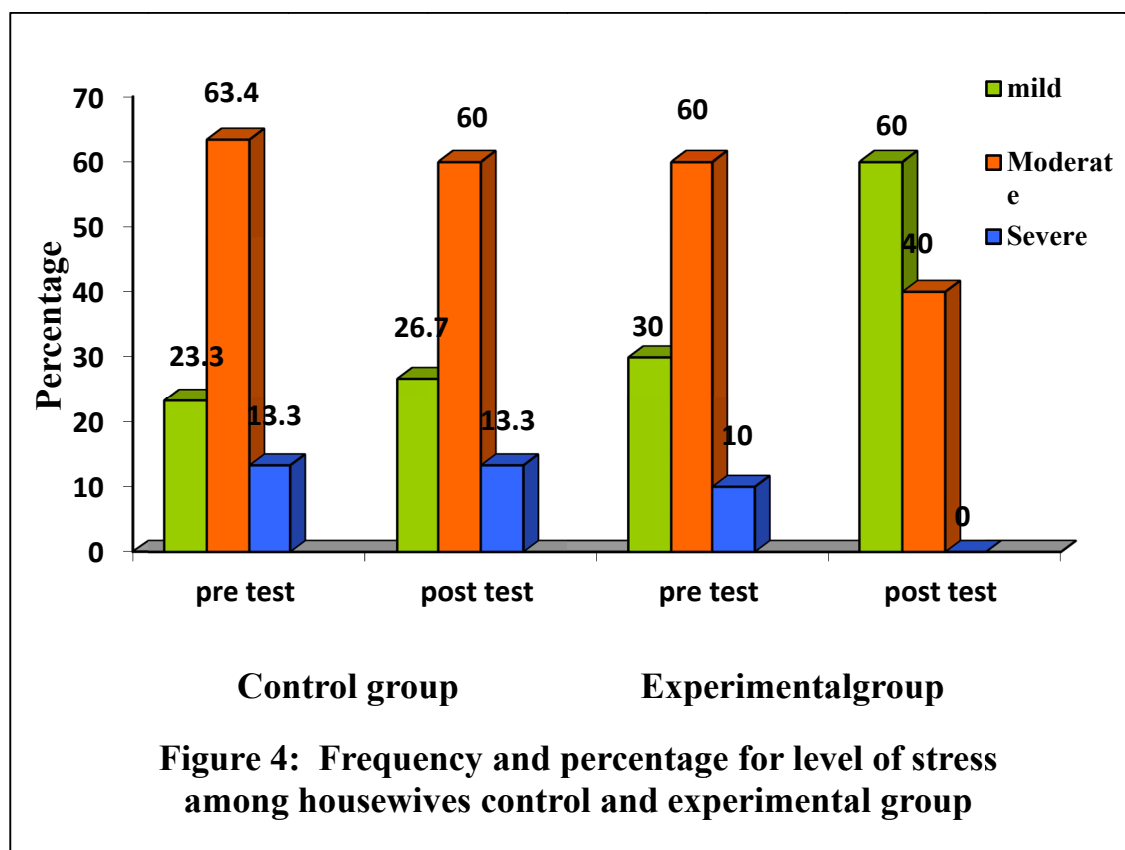


Table 3. Data on level of stress among housewives in each domain in control group

(N = 30)

Domains	Control pre test		Control post test		Mean difference	't' value
	Mean	SD	Mean	SD		
Physical	14.31	5.16	14.12	5.14	35.3	0.86
psychological	15.70	5.44	15.71	5.67	39.3	0.03
Social	16.72	6.71	16.47	6.51	41.2	0.97
Overall	46.73	6.72	46.30	6.48	38.6	1.74

The above table shows that the control group calculated 't' test value for physical aspect stress 0.86, psychological aspects of stress was 0.03 and social aspect of stress was 0.97 also overall 't' test value was 1.74 which was not significant at $P < 0.05$ level. It can be concluded that there is no much difference in pre test and post test in control group.

Table 4. Data on level of stress among housewives in each domain in experimental group

Domains	Experimental pre test		Experimental post test		Mean difference	't'-value
	Mean	SD	Mean	SD		
Physical	14.21	5.11	11.41	4.22	28.5	2.60***
Psychological	15.65	5.66	12.95	5.73	32.4	2.59***
social	16.67	6.81	12.14	6.63	30.3	3.89***
Overall	46.53	8.19	36.40	10.17	30.3	5.26***

(*-P<0.05 ,significant and **-P<0.01 & ***-P<0.001 , Highly significant)

The above table shows that the experimental group calculated 't' test value for physical aspect of stress was 2.60, psychological aspect of stress was 2.59 and social aspect of stress was 3.89 also overall 't' test value was 5.26 which was highly significant at P<0.001 level. Hence H₁ is accepted. It can be concluded that yoga therapy was effective in reducing the stress level among housewives.

Table 5. Data on effectiveness of administration of Yoga Therapy on stress among housewives in control and experimental group

Domains	Control post test		Experimental post test		Mean difference	‘t’-value
	Mean	SD	Mean	SD		
Physical	14.12	5.14	11.41	4.22	4.14	2.05***
Psychological	15.71	4.67	12.95	5.73	4.41	2.05***
Social	16.47	6.51	12.14	6.63	5.71	2.57**
Overall	46.3	16.32	36.5	16.58	14.26	3.34

(*-P<0.05, significant and **-P<0.01 & ***-P<0.001 , Highly significant)

The above table shows that the calculated ‘t’ test value for physical aspect of stress was 2.05, psychological aspect of stress was 2.05 and social aspect of stress is 2.57 also overall ‘t’ test value was 3.34 which was significant at P<0.001 level. Hence H₁ is accepted. It can be concluded that the yoga therapy was effective in reducing the stress in experimental group among housewives than control group.

Table 6. Data on association between the pre test level of stress among housewives in control group and their demographic variables.

Frequency and percentage distribution of chi-square control group

Demographic variables	Mild		Moderate		Severe		χ^2 - value
	f	%	f	%	f	%	
1.Age(in years):							
20-30	11	73.3	4	26.7	1	3.3	6.67*
31-40	3	30	7	70	2	6.7	
41-45	1	20	4	80	2	6.7	
2.Religion							
Hindu	9	52.9	8	47.1	4	13.3	NS 0.20
Christian	3	42.9	4	57.1	1	3.3	
Muslim	3	50	3	50	0	0	
3.Education							
Illiteracy	6	100	0	0.0	2	6.7	11.88*
Primary	3	75	1	25	3	10	
High school	4	44.5	5	55.5	2	6.7	
Diploma	2	22.5	7	77.8	3	10	
graduate	0	0.0	2	100	2	6.7	
4. Occupation of spouse							
Professional	3	42.9	4	57.1	4	13.3	NS 6.11
Private sector	4	40	6	60	1	3.3	
Government	2	50	2	50	2	6.7	
Coolly	6	85.7	1	14.3	0	0	
unemployed	0	0.0	2	100	0	0	
5.Marital status							
Living with husband	13	52	12	48	5	16.7	NS
Divorce	1	100	0	0.0	0	0	4.71
Widow	1	25	3	75	0	0	

6.Marital duration:							
0-1	5	45.5	6	54.5	5	16.6	NS
2-5	5	50	5	50	2	6.7	0.23
6-10	4	57.1	3	42.9	2	6.7	
11-20	1	50	1	50	1	3.3	
7.number of marriage							
Once	15	51.7	14	48.3	5	16.6	NS
More then once	0	0.0	1	100	0	0	1.03
8.Type of family							NS
Joint family	8	66.7	4	33.3	0	0	2.22
Nuclear family	7	38.9	11	61.1	5	16.7	
9.Number of children							
None	1	33.3	2	66.7	0	0	NS
One	5	55.6	4	44.4	2	6.7	
Two	8	53.3	7	46.7	3	10	0.84
>two	1	33.3	2	66.7	0	0	
10.Family income per month (in rupees)							
<1000	2	100	0	0.0	1	33.3	
1001-3000	2	40	3	60	2	66.7	NS
3001-5000	4	50	4	50	3	10	2.26
>5000	7	46.7	8	53.3	4	13.3	
11.Marital relationship							
Satisfactory	6	31.5	13	68.5	2	6.7	NS
Not satisfactory	9	81.8	2	18.2	4	13.3	1.04

12.History of any physical illness							
Yes	2	50	2	50	1	3.3	NS
No	13	50	13	50	2	18.2	0.00
13.History of any mental illness							
Yes	2	100	0	0.0	1	33.3	NS
No	13	46.4	15	53.6	2	50	2.14
14. If any history of bad habits of the spouse							
Yes	12	66.7	4	33.3	9	81.8	8.57*
No	3	21.4	11	78.6	4	13.3	
15.Extreme possessiveness of the spouse							NS
	8	57.1	6	42.9	4	13.3	0.53
Yes	7	43.8	9	56.3	9	81.8	
No							

(*-P<0.05, significant)

(NS=not significant)

The above table shows that there is a significant association between the level of stress among housewives and their demographic variables such as age, education, and bad habits of spouse and the level of stress among housewives in experimental group.

There was no association between the level stress among housewives and their demographic variables such as religion, marital status, marital duration, number marriage, type of family, number of children, family income per month, marital relationship history of any physical illness and mental illness, and also extreme possessiveness of spouse.

Table 7. Data on association between the pre test level of stress among housewives in experimental group and their demographic variables.

Frequency and percentage distribution of chi-square value on experimental group

Demographic variables	Mild		Moderate		Severe		χ^2 - value
	f	%	f	%	f	%	
1.Age(in years):							
20-30	2	13.3	12	80	1	6	NS
31-40	3	30	5	50	2	20	0.72
41-45	4	80	1	20	-	-	
2.Religion							
Hindu	6	35.3	10	58.8	1	5.9	NS
Christian	2	28.6	3	42.8	2	28.6	4.71
Muslim	1	16.7	5	83.3	-	-	
3.Education							
Illiteracy	-	-	5	83.3	1	16.7	16.52*
Primary	1	25	1	25	2	50	
High school	3	33.3	6	66.7	-	-	
Diploma	3	33.3	6	66.7	-	-	
Graduate	2	100	-	-	-	-	
4.Occupation of spouse							
Professional	2	28.6	4	57.1	1	14.3	6.28
Private sector	3	30	7	70	-	-	
Government	2	50	2	50	-	-	
Coolly	2	28.6	4	57.1	1	14.3	
Unemployed	-	-	1	50	1	50	
5.Marital status							
Living with husband	8	32	15	60	2	8	NS
Divorce	1	100	-	-	-	-	4.71
Widow	-	-	3	70	1	25	

6.Marital duration:							
0-1	3	27.3	6	54.5	2	18.2	NS
2-5	3	30	6	60	1	10	0.78
6-10	3	42.9	4	57.1	-	-	
11-20	-	-	2	100	-	-	
7.number of marriage							NS
Once	8	27.6	18	62	3	10.3	2.14
More than once	1	100	-	-	-		
8.Type of family							
Joint family	2	16.7	9	75	1	8.3	NS
Nuclear family	7	38.9	9	50	2	11.1	1.99
9.Number of children							
None	1	33.3	2	66.7	-	-	
One	3	33.3	5	55.6	1	11.1	NS
Two	5	33.3	9	60	1	6.7	3.18
>two	-	-	2	66.7	1	33.3	
10.Family monthly income (in rupees)							
<1000	1	50	1	50	-	-	NS
1001-3000	1	20	3	60	1	20	1.83
3001-5000	3	37.5	4	50	1	12.5	
>5000	4	26.7	10	66.7	1	6.7	
11.Marital relationship							
Satisfactory	7	36.8	12	63.2	3	37.5	
Not satisfactory	2	18.2	6	54.6	3	27.2	6.07*
12.History of any physical illness							
Yes	-	-	3	75	1	25	NS
No	9	34.6	15	57.1	2	7.7	2.59

13.History of any mental illness							
Yes	-	-	12	100	-	-	NS
No	9	32.1	16	57.1	3	10.7	1.42
14. If any history of bad habits of the spouse							
Yes	2	12.5	11	68.7	3	18.8	6.56*
No	7	50		50	-	-	
15.Extreme possessiveness of the spouse							
Yes	7	50	6	42.9	1	7.1	NS
No	2	12.5	12	75	2	12.5	5.00

(*-P<0.05, significant)

(NS=not significant)

The above table shows that there is a significant association between the level of stress among housewives and their demographic variables such as , education, marital relationship and bad habits of spouse at P<0.05 level.. Hence research hypothesis H₂ is retained for education, marital relationship and bad habits of spouse in experimental group.

There was no association between the level of stress among housewives and their demographic variables such as age, religion, marital status, marital duration, number marriage, type of family, number of children, family monthly income, history of any physical illness and mental illness, and also extreme possessiveness of spouse.

Chapter V

Discussion

CHAPTER V

DISCUSSION

This study was conducted to evaluate the effectiveness of administration of yoga therapy on stress among housewives at selected rural community areas in Dindigul district.

The discussion was based on the objectives specified in this study.

The first objectives were to assess the pre test and post test level of stress among housewives in experimental group and control group.

The findings shows that in the experimental group the pre-test scores on the level of stress were 9(30%) had mild stress and 21(70%) had moderate stress and no one had severe stress respectively. Whereas in post-test scores on the level of stress were 18(60%) had mild stress and 12(40%) had moderate stress and no one had severe stress respectively.

In control group the pre-test scores on the level of stress were 7(23.3%) had mild stress, 23(76.7%) had moderate stress, and no one had severe stress respectively. Where as in post-test scores on the level of stress were 8(26.7%) had mild stress, and 22(73.3%) had moderate stress and no one had severe stress respectively.

The above findings consistent with the finding of the pre experimental study conducted by Raji. k. rajan (2013) to evaluate the effectiveness of yoga therapy on stress among housewife. In pretest 25(42%) of the housewives had moderate stress and

5(16.6%) had severe stress, in posttest, majority 58(97%) had moderate stress and only 2(3%) had mild stress and none of them had severe stress.

The above findings consistent with the findings of the descriptive study conducted by veena (2010) study to assess the level of stress among dual career women. Data were collected from 200 dual carrier women by depression ,anxiety, stress scale(DASS) . The result of the study on the severity of level of stress showed that 18.7%, 76.9% and 14.6% were experiencing severe, moderate and mild stress respectively.

The second objective of the study was to evaluate the effectiveness of yoga therapy among housewives in the experimental group.

The experimental group calculated over all 't' test value (5.26) which is significant at $P < 0.001$ level. Hence H_1 is accepted. It can be concluded that yoga therapy was effective in reducing the stress among housewives.

The above findings consistent with quasi experimental study conducted by kristober mary (2010) to assess the effectiveness of yoga therapy on stress among 60 housewives in coimbatore district. Data was collected using modified Holmes and Rahe Stress Scale. The mean post test stress level 6.27 was less than the mean pre test 34.93.the obtained "t" value=36.333, ($p < 0.05$) was highly significant. It was concluded that significant reducing the stress after yoga therapy administration.

The third objective of this study was to associate the stress among housewives and their selected demographic variables.

There was a significant association between level of stress and age, education, bad habits of spouse at $P < 0.05$ level in control group. There was a significant association between level of stress and their demographic variables in experimental group such as education, marital relationship and bad habits of spouse. Both was significant at $P < 0.05$ level. It revealed that there was a significant association between levels of stress with selected demographic variables in experimental and control group such as age, education, marital relationship and bad habits of spouse. Hence research hypothesis H_2 is retained for education, marital relationship and bad habits of spouse and in experimental group.

The above finding are consistent with the findings of descriptive study conducted by Bamila.G,(2011) with the objective to assess the pattern and level of stress and to find out the factors associated with these stress for housewives in the age group of 20-45 years in various rural area, the city of Karnataka. There is significant association in education and level of stress ($F = 2.118, P = 0.0367$). It was concluded that there was a association between level of stress and education.

Chapter VI

Summary and

Recommendations

CHAPTER - VI

SUMMARY AND RECOMMENDATIONS

This chapter deals with the summary and conclusion. It focuses on the implications and gives recommendations for Nursing practices, Nursing research, Nursing administration, and nursing education.

Summary:

The purpose of the study was “to evaluate the effectiveness of administration of yoga therapy on stress among housewives at selected rural community areas in Dindigul district”.

The objectives of the study were,

1. To assess the pre-test and post test level of stress among housewife in the experimental group and control group.
2. To evaluate the effectiveness of yoga therapy in the experimental group.
3. To find out the association between pre-test level of stress and their selected demographic Variables.

The research design was adopted for this study is true experimental design, with pre-test post-test control group design. The conceptual frame work based Ludwig von bertalanffy's general system model (1968). It consists of three factors- input, throughput, and output. The basic assumption of the theory is the nurse has to identify the client needs, ministering the needed help and finally validating that the need for help was met.

The sample size consists of 60 housewives between 20-45 years at selected rural community areas in Dindigul district. 30 samples will be assigned for the experimental group and 30 for the control group. Pre test data was collected by researcher using modified depression anxiety stress scale (rating Scale) for both the groups. Experimental group received intervention of yoga therapy daily for 4 weeks. No Intervention was given to control group. Post test was conducted by the researcher for both the groups using the same scale on the 6th week. The data were analyzed using both descriptive and inferential statistics.

Major findings of the study:

- In experimental group, majority 15(50%) of the housewives belonged to the age group of 20-30 years, 17(56.7%) of them had Hindu religion, 9(30%) were housewives education belonged to high school and diploma, 10(33.3%), of them husband occupation had private sector, 25(83.3%) of them marital status were living with husband, 11(36.7%) of them marital duration were 0-1 year, 29(96.7%) had once married, 18(60%) of them had nuclear family, 15(50%) of them had two children, 15(50%) of the housewives belongs to the family income per month >5000, 19(63.3%) of them marital relationship had satisfactory, major portion 26(86.7) of the samples did not have physical illness, most 28(93.3) of the samples did not have mental illness, more than half 16(53.3) of the samples had a habits of smoking/alcohol abuse, (16(53.3%) of the housewives did not have possessiveness of spouse.
- In control group, majority 14(46.7%) of the housewives belonged to the age group of 20-30 years, 12(40%) of them had Hindu religion, 9(30%) were

housewives education belonged to primary school, 11(36.7%), of them husband occupation had private sector, 26(86.7%) of them marital status were living with husband, 11(36.7%) of them marital duration were 0-1year, 29(96.7%) had once married, 14(46.7%) of them had nuclear family, 12(40%) of them had two children, 11(36.6%) of the housewives belongs to the family income per month 1001-3000, 18(60%) of them marital relationship had satisfactory, major portion 28(93.3) of the samples did not have physical illness, most 29(96.7) of the samples did not have mental illness, more than half 16(53.3%) of the samples did not have bad habits, and 18(60%) of the housewives did not have possessiveness of spouse.

- The level of stress in control group were test 8(26.7%) had mild stress, 18(60%) had moderate stress and 4(13.3) had Severe stress respectively post test.
- The level of stress in experimental group were 18(60%) had mild stress, 12(40%) had moderate stress and no one had severe stress respectively in post-test
- This finding reveals that the level of stress among post-test housewives were decreased in experimental group than control group
- The control group calculated 't' test value for physical aspect stress 0.86, psychological aspects of stress was 0.03 and social aspect of stress was 0.97 also overall 't' test value was 1.74 which was not significant at $P < 0.05$ level. It can be concluded that there is no much difference in pre test and post test in control group.
- The experimental group calculated 't' test value for physical aspect of stress was 2.60, psychological aspect of stress was 2.59 and social aspect of stress was 3.89

also overall 't' test value was 5.26 which was highly significant at $P < 0.001$ level. Hence H_1 is accepted. It can be concluded that yoga therapy was effective in reducing the stress level among housewives.

- In comparing post test score of experimental and control group, calculated 't' test value for physical aspect of stress was 2.05, psychological aspect of stress was 2.05 and social aspect of stress is 2.57 also overall 't' test value was 3.34 which was significant at $P < 0.001$ level. Hence H_1 is accepted. It can be concluded that the yoga therapy was effective in reducing the stress in experimental group among housewives than control group.
- There was significant relationship between age, education, and bad habits of spouse and the level of stress among housewives in control group at $P < 0.05$ level. Hence H_1 is accepted. It can be concluded that yoga therapy was effective in reducing the stress among housewives.
- There was significant relationship between level of stress and demographic variables in experimental group such as education, marital relationship and bad habits spouse at $P < 0.05$ level. Hence research hypothesis H_2 is retained for education, marital relationship and bad habits spouse in experimental group.

Implications:

. The findings of the study have several implications in following field. It can be discussed in four areas namely Nursing practice, Nursing administration, Nursing education and Nursing research.

Nursing service:

- In service education to nursing personnel in hospital and community, helps to improve the knowledge regarding stress, complications and different management approaches.
- The study findings will help the community health nurses to create awareness among housewives regarding benefits yoga therapy administration to reduce the level of stress.
- The nurse can plan teaching programme for reducing level of stress among housewives. Because many housewives feel lonely, helpless, hopeless and powerless because joblessness, dowry, and financial problem. Some of them even loss the desire to live and get suicide tendencies.
- The nurse has to communicate with the other social workers and conduct awareness programme.
- The nurse can motivate to form support group.
- Community health nurses have a major role in identifying risk factors and help to overcome.
- There should be public awareness to prevent housewives suicide and to promote health of the housewives. The village health nurse, social workers, village volunteers and other health care team members working in the community must take effort and take initiation to educate the public regarding the importance of yoga therapy to reducing the level of stress.

Nursing Administration:

- Nurse administrator should plan to conduct programme about yoga therapy benefits.
- The nurse administrator should recommend allocating portion of budget for educational materials like pamphlets, models, slides, flexes which contain information about benefits of yoga therapy.
- The nurse administrator can encourage staff nurse, student nurse and housewives to involve research activities to reducing the level of stress.

Nursing Education:

- Nurse educator must update knowledge regarding stress and alternative therapies.
- Nurse educator should teach nursing students to gain skills in identifying problems of the family and can be give effective teaching regarding yoga therapy to reduce the level of stress.
- Nurse educator should recommend the curriculum committee to insist the importance of yoga therapy administration to the housewives to reduce stress in the nursing curriculum.

Nursing Research:

- The findings of the study helps to expand scientific body of professional knowledge upon which further research can be conducted.
- Large scale studies can be conducted in consideration of other contributing variables.

Limitations:

- Prolonged effect of yoga therapy could not be measured.
- The investigator needed much co operation from the housewives

Recommendations:

- A similar study can be conducted as a comparative study between urban and rural areas.
- A similar study can be conducted in longer period of time.

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APPENDIX – I



SAKTHI COLLEGE OF NURSING

(Approved by Govt. of Tamilnadu, Recognised by INC, TNC & Affiliated to Dr. M.G.R. Medical University)

Sakthi Nagar, Dindigul - Palani Main Road,
Palakkanuthu - (Po.),
Oddanchatram - 624 619.
Dindigul (Dt.), Tamilnadu.

Phone : 0451 - 2050272
Mobile : 97509 56810
Fax : 0451-2554317
E-mail : sakthinursingcollege@gmail.com

Dr.K.Vembanan, M.B.B.S., M.S.,

Chairman

PERMISSION LETTER

From

The Principal,
Sakthi College of Nursing,
Oddanchatram, Dindigul (Dt)

To

THE PRISIDENT
SRI RAMAPURAM PANCHAYAT
ODDANCHATRAM.

Respected Sir / Madam,

Sub.: Request for permission to conduct research study – reg.

Mrs. VASUKI DEVI .D is a bonafide M.Sc., Nursing student studying in our college. As a partial fulfillment of The Tamilnadu Dr. MGR Medical University requirement for the award of the M.Sc., Nursing Degree, she is undertaking (A study to assess "THE EFFECTIVENESS OF YOGA THERAPY ON THE LEVEL OF STRESS AMONG HOUSEWIVES IN THE SELECTED COMMUNITY AREA AT DINDIGUL"), she has identified your centre as the best place to conduct the study.

Further details of the proposed project will be furnished by the student personally. She will not hinder your routine in any way and she will abide to the rules and regulations of the institution. All the information collected from institution will be kept confidential.

I kindly request you to grant her permission to conduct the study at your esteemed institution.

Thanking you,

Yours sincerely,

Date :

Place :

Permitted By

[Signature]

[Signature]
தலைவர்
ஸ்ரீ ராமபுரம் பேரூராட்சி
திண்டுக்கல் மாவட்டம்

APPENDIX – II



SAKTHI COLLEGE OF NURSING

(Approved by Govt. of Tamilnadu, Recognised by INC, TNC & Affiliated to Dr. M.G.R. Medical University)

Sakthi Nagar, Dindigul - Palani Main Road,
Palakkanuthu - (Po.),
Oddanchatram - 624 619.
Dindigul (Dt.), Tamilnadu.

Phone : 0451 - 2050272
Mobile : 97509 56810
Fax : 0451-2554317
E-mail : sakthinursingcollege@gmail.com

Dr.K.Vembanan, M.B.B.S., M.S.,
Chairman

PERMISSION LETTER

From

The Principal,
Sakthi College of Nursing
Oddanchatram, Dindigul (Dt)

To

THE PRISIDENT
PAPPAMPATTI PANCHAYAT
PALANI,

Respected Sir / Madam,

Sub.: Request for permission to conduct research study – reg.

Mrs. VASUKI DEVI .D is a bonafide M.Sc., Nursing student studying in our college.

As a partial fulfillment of The Tamilnadu Dr. MGR Medical University requirement for the award of the M.Sc., Nursing Degree, she is undertaking (A study to assess "THE EFFECTIVENESS OF YOGA THERAPY ON THE LEVEL OF STRESS AMONG HOUSEWIVES IN THE SELECTED COMMUNITY AREA AT DINDIGUL"), she has identified your centre as the best place to conduct the study.

Further details of the proposed project will be furnished by the student personally. She will not hinder your routine in any way and she will abide to the rules and regulations of the institution. All the information collected from institution will be kept confidential.

I kindly request you to grant her permission to conduct the study at your esteemed institution.

Thanking you,

Yours sincerely,

Date :

Place : Permitted by


தலைவர்
இரண்டாம் நிலை
பாப்பம்பட்டி ஊராட்சி
பழனி ஊராட்சி ஒன்றியம்



APPENDIX - III

CONTENT VALIDITY

From

Mrs.vasukidevi.D
M.Sc Nursing IInd Year,
Sakthi College of Nursing.
Oddanchatram, Dindigul.

To

Respected Sir / madam,

Sub:-Requisition from expert opinion and content validity reg.

I am 2nd year MSc Nursing student Sakthi College of Nursing Oddanchatram, Dindigul under Tamilnadu Dr.MGR Medical University.

As a partial fulfillment of M.Sc Nursing Degree program, I am conducting a research study “A study to evaluate the effectiveness of yoga therapy on the level of stress among housewives at selected community area in Dindigul district.’

I am sending the research tool for content validity and request you to give your expert and valuable review and opinion. I will be very thankful if you return at the earliest. Here with I have enclosed the necessary documents.

Thanking you.

Enclosed:

Yours sincerely.

- Statement of the problem and objectives of the study
- Tool with blueprint and scoring key
- Brief note on the research methodology and intervention tool
- Certificated of content validity.

APPENDIX -IV
CERTIFICATE OF CONTENT VALIDITY

TO WHOM SOEVER IT MAY CONCERN

This is to certify that the tool prepared by **Mrs.D.Vasukidevi** M.Sc (N) II YR student of Sakthi College of Nursing for the conduction of the study“**A study to evaluate the effectiveness of yoga therapy on the level of stress among housewives at selected community area in Dindigul district.**” is valid. She can proceed in conducting the data collection with it.

Place:

Date:

Signature

APPENDIX -V

LIST OF EXPERTIES

- 1. Prof.V.JanahiDevi ,M.Sc(N),,**
Principal,
Sakthi College Of Nursing,
Oddanchatram,
Dindigul.
- 2. Prof.S.Rajamani,RNRM.M.sc.,(N),,MBA(HM),,Ph.d.,**
Dept.of Mental Health Nursing,
Madurai Medical College,
Madurai.
- 3. Assot.Prof.Fleming Andrew Tom,Msc(N)**
Dept.of Mental Health Nursing,
Sakthi College of Nursing,
Karur.
- 4. Assist.Prof.Havenlin,Msc(N)**
Dept.of Mental Health Nursing,
Christian College of Nursing,
Ambilikai.
- 5. Prof.S. Babyraj PHD., YOGA.,**
Akilika yoga and herbal institute,
Palani.
- 6. Dr.Mahalakshmi,M.B.B.S,DPM.,**
Ramana Hospital,
Dindigul.

APPENDIX -VI

CERTIFICATE OF ENGLISH EDITING

TO WHOM SOEVER IT MAY CONCERN

This is to certify that the dissertation “**A study to evaluate the effectiveness of Yoga Therapy on the level of stress among housewives at selected community area in Dindigul District.**” by **Mrs. Vasukidevi. D** M.Sc (N) II Year student of Sakthi College of Nursing was edited for English Language appropriateness by **Ms. Sathiya, M.A., M.PHIL.,MBA.,** HOD of English department sakthi college of arts and Science.

Signature

APPENDIX -VII

CERTIFICATE OF TAMIL EDITING

TO WHOM SOEVER IT MAY CONCERN

This is to certify that the dissertation fitted “**A study to evaluate the effectiveness of Yoga Therapy on the level of stress among housewives at selected community area in Dindigul District.**” by **Mrs. Vasukidevi.D** M. Sc(N) II Year student of Sakthi College of Nursing was edited for Tamil Language appropriateness by **Mr.V.Sakthivel, M.A.,A.M.A.,M.ED.,** Vice Principal, Sakthi College of Arts and Science.

Signature

APPENDIX -VIII

DEMONSTRATED YOGA THERAPY

INTRODUCTION

Yoga is becoming popular in all parts of the world. For the restless mind it gives solace. For the sick it is a boon. For the common women it is the fashion of the day to keep him fit and beautiful. Some use it for improving memory, intelligence creativity. With its multifold advantages it is becoming a part of education. Specialists use it to unfold deeper layers of consciousness in their move towards perfection.

Mountain pose

Tadasana is a position used of the beginning or in the middle or in the end in which one has to pay attention in their position, concentration and breathing.

Half spinal twist (ardha matsyondrasna)

The half spinal twist is designed to lengthen and strength the spine. It is also beneficial for liver, kidney, as well as adrenal glands.

Cat pose (bidalasana)

The cat yoga pose teaches one to initiate movement from one's centre and coordinate one's movement and breath.

Dog pose (adho mukhjo shavasana)

The dog pose improve flexidity of spine, stretches the hip and middle and low back, rejuvenates the body, and helps in preventing back problems.

Wind relieving pose (pavanamuktasana)

The term pavanamuktasana comes from the Sanskrit word ‘pavana’ which means air or wind and ‘mukta’ which means freedom or release. The wind relieving pose works mainly on digestive system. Specially, it helps in eliminating gas in the stomach.

Locust pose (salabasana)

This asana strengthens the abdominal muscles as well as the legs and arms, relieves stress, and tension.

Corpse pose (savasana)

The corpse yoga pose is considered as a classic relaxation yoga pose and is practiced before or in between asanas as well as a final relaxation. While it looks deceptively simple, it is actually difficult to perform.

Pranayama –alternative nostril (anuloma viloma)

In this breathing technique, inhale through one nostril, retain the breath, and exhale through the other nostril.

Suryanuloma pranayama

Sit comfortably in any meditative position with closed eyes and the spine erect close the left nostril, inhale and exhale through the right nostril only.

Chandranuloma pranayama

Sit comfortably in any meditative position with closed eyes and the spine erect close the right nostril, inhale and exhale through the left nostril only.

Meditation(Dyana)

Meditation is to quiet, clarify and discipline the mind. It relieves the stress effective and bring mental calmness.

The Above mentioned asanas were practiced to reduce stress. Housewives felt comfortable and interested in yoga practice.

APPENDIX -IX

SR 10060926



கலையியற் புலம்
FACULTY OF ARTS

மதுரை காமராசர் பல்கலைக்கழக ஆட்சிப்பேரவை

வாகுகிதேவி. து.

யோகா பிரிவில் முதுநிலைப் பட்டம்

பெறுதற்குத் தகுதியுடையவர் என முறையாக அமைக்கப்பெற்ற தேர்வினோர் ஏப்பிரல் 2006 இல் நடைபெற்ற

தேர்வுகளில் சான்றித்தவாறு, முதல் வகுப்பு

பெற்று இச்சான்றிதழ் பெறுதற்கு உரியவர் ஆகின்றார் என இதன்வழி அறிவிக்கின்றது.

பல்கலைக்கழக இலச்சினையுடன் இது வழங்கப்படுகின்றது.

The Senate of the MADURAI KAMARAJ UNIVERSITY

hereby makes known that VASUKIDEVI D has been admitted to the

POST GRADUATE DIPLOMA IN YOGA

he/she having been certified by duly appointed Examiners to be qualified to receive the same, and having been placed by

them in the FIRST CLASS at the Examination held in APRIL 2006

Register No. : A6403505

Centre Code : 372

Given under the seal of the University



ISSUED ON
19 FEB 2007

பல்கலைக்கழகம், மதுரை - 625 021
Palkalainagar, Madurai - 625 021
நாள் Dated 15 December 2006

பதிவாளர்
Registrar

துணைவேந்தர்
Vice-Chancellor

APPENDIX - X

PART –I: DEMOGRAPHIC DATA

Introduction to participants:

Dear participants,

This section consists of the personal information and you are requested to answer the question correctly. The information collected from you will be kept confidential.

1. AGE

- a)20 – 30 years ☐
- b)31-40 years ☐
- c)Till 45 years ☐

2. RELIGION

- a)Hindu ☐
- b)Christian ☐
- c)Muslim ☐
- d)Other ☐

3. EDUCATION

- a)Illiterate ☐
- b)Primary school ☐
- c)High school ☐
- d)Diploma ☐
- e)Graduate ☐
- f)Post graduate ☐

4. Occupation of spouse

- | | |
|------------------|--------------------------|
| a)Professional | <input type="checkbox"/> |
| b)Private sector | <input type="checkbox"/> |
| c)Government | <input type="checkbox"/> |
| d)Coolie | <input type="checkbox"/> |
| e)Unemployed | <input type="checkbox"/> |

5. Order of Marital status

- | | |
|-----------------------|--------------------------|
| a)Living with husband | <input type="checkbox"/> |
| b)Divorce | <input type="checkbox"/> |
| c)Widow | <input type="checkbox"/> |
| d)Second wife | <input type="checkbox"/> |
| e)Deserted | <input type="checkbox"/> |

6. Marital duration

- | | |
|----------------|--------------------------|
| a)0-1yr | <input type="checkbox"/> |
| b)2-5yrs | <input type="checkbox"/> |
| c)6-10yrs | <input type="checkbox"/> |
| d)11-20yrs | <input type="checkbox"/> |
| e)Above 20 yrs | <input type="checkbox"/> |

7. Number of marriage

- | | |
|------------------|--------------------------|
| a)Once | <input type="checkbox"/> |
| b)More than once | <input type="checkbox"/> |

8. Type of family

a)Joint family

☐

b)Nuclear family

☐

9. Number of children

a)None

☐

b)One

☐

c)Two

☐

d)Three and above

☐

10. Family income per month

a)Below Rs.1000 per month

☐

b)Rs.1001 to 3000 per month

☐

c)Rs.3001 to 5000 per month

☐

d)Above 5000 per month

☐

11. Marital relationship

a)Satisfactory

☐

b)Not satisfactory

☐

12. History of any physical illness

a)Yes

☐

b)No

☐

13. History of any mental illness

a)Yes

☐

b)No

☐

14. If any history of bad habit of the spouse

a)Yes

☐

b)No

☐

15. Extreme possessiveness of the spouse

a)Yes

☐

b)No

☐

PART- II

MODIFIED DEPRESSION ANXIETY AND STRESS SCALE (DASS), 1995

Introduction to participants:

Dear participants

This part consists of the personal information and you are requested to answer the question correctly. The information collected from you will be kept confidential.

SECTION A: PHYSICAL ASPECTS

S. NO	CONTENT	NEVE R (0)	RARE LY (1)	SOME TIMES (2)	OFTE N (3)	ALWAY S (4)
1.	My heart beats fast and I can feel it	0	1	2	3	4
2.	I have an urge to empty my bladder frequently	0	1	2	3	4
3.	My hand and legs shake and tremble	0	1	2	3	4
4.	I feel tired while doing my usual activities.	0	1	2	3	4
5.	My hands are usually dry and warm.	0	1	2	3	4
6.	I have difficult to swallowing.	0	1	2	3	4
7.	I cannot fall asleep easily and have a good night's rest.	0	1	2	3	4
8.	I cannot breathe in and breathe out easily.	0	1	2	3	4
9.	I found myself getting agitated.	0	1	2	3	4
10.	I get numbness and tingling in my fingers and toes.	0	1	2	3	4

SECTION B: PSYCHOLOGICAL ASPECTS

S. NO	CONTENT	NEVER (0)	RARELY (1)	SOME TIMES (2)	OFTEN (3)	ALWAYS (4)
1.	I have nightmares.	0	1	2	3	4
2.	I felt that life was meaningless.	0	1	2	3	4
3.	I am not able to take decision for most of the situations.	0	1	2	3	4
4.	I am not able to communicate fluently.	0	1	2	3	4
5.	I am under constant pressure from day today life situation.	0	1	2	3	4
6.	I felt terrified.	0	1	2	3	4
7.	I do not feel calm and relax easily.	0	1	2	3	4
8.	I found myself getting upset by quite trivial things.	0	1	2	3	4
9.	I am not very confident in performing in all my activities.	0	1	2	3	4
10.	I get upset easily.	0	1	2	3	4

SECTION C: SOCIAL ASPECTS

S. NO	CONTENT	NEVER (0)	RARELY (1)	SOME TIMES (2)	OFTEN (3)	ALWAYS (4)
1.	I feel guilty to face my relatives.	0	1	2	3	4
2.	I tended to over-react to situation.	0	1	2	3	4
3.	I do not like anybody in my home.	0	1	2	3	4
4.	I am not happy in my family.	0	1	2	3	4
5.	I do not enjoy my activities.	0	1	2	3	4
6.	I do not have patience in listening to others.	0	1	2	3	4
7.	I couldn't seem to experience any positive feeling at all.	0	1	2	3	4
8.	I have a feeling of social isolation.	0	1	2	3	4
9.	I get angry easily if my suggestions are not considered.	0	1	2	3	4
10.	I do not have a lot of fun with my family.	0	1	2	3	4

Score :

- 0 – Never,
- 1 – Rarely,
- 2 – Sometimes,
- 3 – Often,
- 4 – Always

SCORE	LEVEL OF STRESS
0-33	Mild
34-66	Moderate
67-100	Severe

APPENDIX – XI

பிரிவு - அ

குறிப்புகள் அடங்கிய படிவம்

மனைவியைப் பற்றிய குறிப்புகள் அடங்கிய படிவம்

தேர்ந்தெடுக்கப்பட்ட செயல்பாடுகளின் குறிப்புகள் அடங்கிய படிவம்

இந்தப் பகுதியில் உங்களைபற்றிய சொந்த விபரங்கள் கொடுக்கப்பட்டுள்ளது. இதற்கு தகுதியான விடை அளிக்குமாறு கேட்டுக்கொள்கிறேன். இந்த விபரங்கள் ரகசியமாக வைத்துக் கொள்ளப்படும்.

1. வயது

அ) 20-30 வயது வரை

☐

ஆ) 31-40 வயது வரை

☐

இ) 45 வயது வரை

☐

2. மாதம்

அ) இந்து

☐

ஆ) கிறிஸ்துவர்

☐

இ) முஸ்லீம்

☐

ஈ) மற்றவை

☐☐

3. கல்வித்தகுதி

அ) படிப்பறிவில்லாதவர்

☐

ஆ) ஆரம்ப கல்வி

☐

இ) மேல்நிலைக்கல்வி

☐

ஈ) உயர்நிலைக்கல்வி

☐

4. கணவரின் வேலை

- அ) உத்தியோகஸ்தர்
- ஆ) தனியார் நிறுவனம்
- இ) அரசுப்பணி
- ஈ) கூலி
- உ) வேலையில்லாதவர்

☐
☐
☐
☐
☐

5. திருமண வாழ்க்கையை வரிசைபடுத்துதல்

- அ) கனவருடன் வசிப்பவர்
- ஆ) விவாகரத்து ஆனவர்
- இ) விதவை
- ஈ) கைவிடப்படவர்

☐
☐
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6. மணவாழ்க்கை காலம்

- அ) 0-1 வருடம்
- ஆ) 2-5 வருடங்கள்
- இ) 6-10 வருடங்கள்
- ஈ) 11-20 வருடங்கள்
- உ) 20 வருடங்களுக்கு மேலாக

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7. திருமணங்களின் எண்ணிக்கை

- அ) ஒன்று
- ஆ) ஒன்றுக்கு மேற்பட்ட

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8. குடும்ப அமைப்பு
- அ) கூட்டு குடும்பம் ☐
- ஆ) தனிக்குடும்பம் ☐
9. குழந்தைகளின் எண்ணிக்கை
- அ) இல்லை ☐
- ஆ) ஒன்று ☐
- இ) இரண்டு ☐
- ஈ) மூன்று மற்றும் அதற்கு மேல் ☐
10. குடும்ப மாத வருமானம்
- அ) ரூ. 1000க்கு கீழ் ☐
- ஆ) ரூ. 1001 லிருந்து 3000 வரை ☐
- இ) ரூ. 3001 லிருந்து 5000 வரை ☐
- எ) ரூ.5000 க்கும் மேல் ☐
11. திருமண உறவு
- அ) திருப்தி ☐
- ஆ) அதிருப்தி ☐
12. ஏதேனும் உடல் உபாதைகள் உள்ளதா?
- அ) ஆமாம் ☐
- ஆ) இல்லை ☐

13. ஏதேனும் மனநலப்பிரச்சனைகள் உள்ளதா?

அ) ஆமாம்

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ஆ) இல்லை

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14. கணனவர் ஏதேனும் கெட்ட பழக்கம் உடையவரா?

அ) ஆமாம்

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இ) இல்லை

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15. கணவர் அதிமான பற்று உடையவரா?

அ) ஆமாம்

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ஆ) இல்லை

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பிரிவு - ஆ
மன அழுத்தத்தின் அளவை கண்டறிதல்

குறிப்பு:

கடந்த வாரத்தில் தாங்கள் எத்தகைய உணர்வுகளைக் கொண்டிருந்தீர்கள் என்பதைப் பற்றிய சரியான விடையை தேர்ந்தெடுக்கவும் தாங்கள் கூறும் பதில்கள் ரகசியமாக வைக்கப்பட்டு இந்த ஆராய்ச்சிக்காக மட்டுமே பயன்படுத்தப்படும்.

பகுதி அ.உடல் நோக்கு

எண்	பொருள்	எப் பொழுதும் இல்லை	எப் பொழுதாவது	சில சமயம்	அடிக்கடி	எப் பொழுதும்
1	என் இதயம் வேக மாக துடிப்பதை என்னால் உணரமுடிகிறது.	0	1	2	3	4
2	எனக்கு அடிக்கடி சிறுநீர் கழிக்கும் பழக்கம் உள்ளது.	0	1	2	3	4
3	என் கைகள் மற்றும் கால்களில் நடுக்கம் மற்றும் படபடப்பு ஏற்படுகிறது.	0	1	2	3	4
4	எனது வழக்கமான பணிகளைச் செய்யும் பொழுது மிகவும் களைப்படைவதாக உணர்கிறேன்.	0	1	2	3	4

எண்	பொருள்	எப் பொழுதும் இல்லை	எப் பொழுதாவது	சில சமயம்	அடிக்கடி	எப் பொழுதும்
5	எனது கைகள் எப்பொழுதும் வறட்சியாகவும், வெப்பமாகவும் இருக்கும்	0	1	2	3	4
6	உணவு அருந்தும் பொழுது உணவை விழுங்குவது எனக்கு சிரமமாக இருக்கும்.	0	1	2	3	4
7	நான் தூங்குவதில் கஷ்டமும் மற்ற நல்ல உறக்கமும் இல்லாமல் இருக்கிறேன்.	0	1	2	3	4
8	எனது உள்மூச்சு, மற்றும் வெளிமூச்சு மிக இயல்பாக இருக்காது.	0	1	2	3	4
9	நான் என்னுடைய உணர்ச்சி பெருகுவதாக உணர்ந்தேன்	0	1	2	3	4
10	சில சமயங்களில் எனது விரல்களில் உணர்ச்சி இல்லாமலும், ஒருவித எரிச்சலும் இருக்கும்	0	1	2	3	4

பகுதி ஆ.

உளவியல் நோக்கு

எண்	பொருள்	எப் பொழுதும் இல்லை	எப் பொழுதாவது	சில சமயம்	அடிக்கடி	எப் பொழுதும்
1	எனக்கு கெட்டகனவுகள் வரும்	0	1	2	3	4
2	எனக்கு வாழ்கை அர்த்தமற்றதாக உணர்கிறேன்	0	1	2	3	4
3	எல்லா சூழ்நிலையிலும் என்னால் திடமான முடிவுகள் எடுக்க முடியவில்லை.	0	1	2	3	4
4	என் கருத்துக்களை தடங்கலின்றி பேச முடிவதில்லை	0	1	2	3	4
5	ஒவ்வொரு நாளிலும் தொடர்ந்து என் வாழ்க்கையில் நெருக்கத்தை உணருகிறேன்.	0	1	2	3	4

எண்	பொருள்	எப் பொழுதும் இல்லை	எப் பொழுதாவது	சில சமயம்	அடிக்கடி	எப் பொழுதும்
6	நான் பயம் இருப்பதாக உணர்கிறேன்.	0	1	2	3	4
7	எப்பொழுதும் அமைதியாகவும், களைப்பில்லாமலும் இருக்க முடிவதில்லை.	0	1	2	3	4
8	எதுவும் சரியில்லை என உணர்கிறேன்	0	1	2	3	4
9	எனது எல்லா செயல்பாடுகளிலும் நம்பிக்கை இல்லாமல் இருக்கிறேன்	0	1	2	3	4
10	எளிதில் கவலைப்படுகிறேன்	0	1	2	3	4

பகுதி இ.

சமூக நோக்கு

எண்	பொருள்	எப் பொழுதும் இல்லை	எப் பொழுதாவது	சில சமயம்	அடிக்கடி	எப் பொழுதும்
1	எனது உறவினர்களை நேரில் சந்திக்கும் போது, குற்ற உணர்வாக கருதுகிறேன்.	0	1	2	3	4
2	என்னை பற்றிய நிலைமையை எதிர்வினை புரிய செயல்பட்டேன்.	0	1	2	3	4
3	எனது வீட்டில் உள்ள யாரையும் எனக்கு பிடிக்காது	0	1	2	3	4
4	எனது குடும்பத்தில் நான் சந்தோஷமாக இல்லை	0	1	2	3	4
5	நான் செய்யும் வேலைகளில் எனக்கு விருப்பம்மில்லை	0	1	2	3	4

எண்	பொருள்	எப் பொழுதும் இல்லை	எப் பொழுதாவது	சில சமயம்	அடிக்கடி	எப் பொழுதும்
6	அடுத்தவர்கள் பேசுவதை கேட்ப்பதில் எனக்கு பொருமையில்லை	0	1	2	3	4
7	நல்ல என்னங்கள் எனது அனுபவத்தில் வரவில்லை.	0	1	2	3	4
8	நான் சமுதாயத்திலிருந்து தனிமைப்பட்டதாக உணர்கிறேன்	0	1	2	3	4
9	எனது விருப்பங்கள் ஏற்றுகொள்ளவில்லை என்றால் உடனே எனக்கு கோபம் வருகிறது.	0	1	2	3	4
10	எனது குடும்பத்தில் நான் மகிழ்ச்சியாக இல்லை	0	1	2	3	4

மதிப்பீடு

- 0 - எப்பொழுதும் இல்லை
- 1 - எப்பொழுதாவது
- 2 - சில சமயம்
- 3 - அடிக்கடி
- 4 - எப்பொழுதும்

APPENDIX – XII

PHOTOGRAPHS

Investigator collecting the data





Investigator giving Yoga therapy to house wives